



CREDIT CARD AUTHORIZATION FORM

Dated: _____

The undersigned hereby acknowledges that he/she incurred an injury on (Date:) _____, and that the undersigned was treated by Empire Sports Physical Therapy and Rehabilitation for that injury on (Date:) _____ although Empire Sports Physical Therapy and Rehabilitation may be required to render more treatment to completely address the subject injury, the undersigned acknowledges that he/she is responsible for paying Empire Sports Physical Therapy and Rehabilitation for the initial treatment received on the Date of Service, and undertakes to exert all effort possible, and to fully cooperate with Empire Sports Physical Therapy and Rehabilitation, in seeking, compensation from the undersigned's insurance carrier for the services rendered by Empire Sports Physical Therapy and Rehabilitation to the undersigned on Date of Service. Toward that end, in the event Empire Sports Physical Therapy and Rehabilitation has not received full payment for Empire Sports Physical Therapy and Rehabilitation's services from the undersigned's insurance carrier within (30) days after Date of Service, then the undersigned hereby acknowledges and authorizes Empire Sports Physical Therapy and Rehabilitation to charge the undersigned's credit card or debit card for the remaining balance due. The relevant information needed in order to submit such credit card or debit card charge is as follows:

_____ MasterCard _____ Visa _____ Amex _____ Discover _____ Debit

Card Number: _____ Expiration Date: _____

Security Code on Card: _____

Name (**Print Full Name As It Appears On Card**): _____

Signature: _____ Date: _____

Patients Name: _____

Address: _____

City/ Sate/ Zip: _____

Telephone: () _____ - _____ Cell: () _____ - _____

Email: _____

Insurance Carrier: _____

Identification Number: _____