



THE ART
OF AGGRESSIVE
SPORTS THERAPY

Credit Card Agreement (OPTIONAL)

To keep your account up-to-date we recommend leaving a credit card on file to handle any of the healthcare costs accrued during your course of treatment. We will bill your credit card after services are rendered for any services, co-payments, deductibles or co-insurance for which you are responsible within the billing period. We will then send you a copy of the bill and a receipt of each transaction for your records.

NAME (PLEASE PRINT)

TYPE: VISA MC AMEX DISC DINERS CLUB

CARD #

EXP DATE

CCID

Billing Information If Different Than Patient Information:

Name On Card: _____

Street Address: _____ Zip: _____

Late Cancel and No Show fees: *There is a \$100 fee for canceling or missing an appointment. We will initially send you a statement for these fees. If we have not heard from you to dispute the charge by the next billing cycle, it will be processed to your credit card.*

I hereby authorize Gary P. Guerriero, P.T.P.C. to charge the credit card listed above for any and all fees for which I am responsible. These fees include co-payments, deductibles, co-insurance, equipment, non-covered items and undisputed Late Cancel/No Show charges.

CARDHOLDER SIGNATURE

DATE