



Credit Card Authorization Form

I hereby authorize **Aries Physical Therapy** to charge my credit card:

A. \$_____ for the first visit and \$_____ for any additional visits. The charges will be completed on the day of service at the beginning of session. _____ **Initial**

OR Package Option

B. \$_____, which includes the first visit and _____ additional visits at a _____% savings. _____ **Initial**

C. \$375 per hour for one on one therapy sessions. _____ **Initial**

Aries Physical Therapy will do its best to get payment from your insurance company for services rendered by us, but we cannot guarantee it. Therefore, if your insurance pays for partial service or stops paying altogether, you will be responsible for making payment beyond your co-pay or co-insurance at the amount of \$135.00 per visit.

Furthermore, in the instance that your insurance provider makes direct payment to you , you agree to endorse that payment to Aries Physical Therapy.

I also authorize **Aries Physical Therapy** to charge my credit card for any outstanding balance up to \$2,000.

Name as it appears on card: _____

Phone Number: _____ Email Address: _____

Credit Card Number: _____

Expiration Date: _____ Verification Code _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____