

Rocky Mountain Physical Therapy, Inc
470 Johnson Road
Washington, PA 15301
724-503-6900

Card on File Agreement

Maximum Per Charge Amount: \$250

Effective Date: _____

Expiration Date: _____

I agree to allow Rocky Mountain Physical Therapy, Inc to charge my credit card for any amount not covered by insurance (up to the maximum charge amount) for all services related to treatment or otherwise due to Rocky Mountain Physical Therapy, Inc (for example, payment for missed appointments) beginning on the effective date and continuing through the expiration date.

My credit card will be charged upon review of the final explanation of benefits from each applicable insurance company for services provided while this agreement is in effect.

My credit card will be stored by WorldPay, Inc., a secure credit card processor that partners with Rocky Mountain Physical Therapy, Inc to collect payments.

I will receive receipts detailing the amount charged.

I may cancel this agreement at any time by contacting Rocky Mountain Physical Therapy, Inc; any unpaid amounts relating to this appointment(s) that are not covered by insurance will then be billed to me directly.

By signing below, I consent to having my credit card charged consistent with the terms of this Agreement.

Payment Information:

Card Ending in: _____

Patient Name: _____

Patient Signature: _____