



Team Rehab Physical Therapy, P.C.

10-15A Fort Salonga Road

Fort Salonga, New York 11768

631-343-9194

Credit Card Signature on File Form

In order to simplify the satisfaction of your co-payment responsibilities, Team Rehab Physical Therapy, P.C. enables you to make your payments by credit card. To facilitate processing and permit you to authorize payments via phone, Team Rehab Physical Therapy, P.C. requests that you sign below so that we can maintain your signature on file.

Please note that at no time will payments be processed without your awareness and prior consent.

I, the undersigned acknowledge that Team Rehab Physical Therapy, P.C. is hereby authorized to charge my credit card for payments authorized by me without obtaining any additional signatures.

Patient Email Address (Receipt emailed) _____

Date: _____

Credit Card: ___ AMEX ___ MASTERCARD ___ VISA

Credit card number: _____ Expiration: _____

CVV Number _____ Billing Zip Code _____

Cardholder Name _____

Patient signature _____