



15047 LOS GATOS BOULEVARD SUITE 180
LOS GATOS, CALIFORNIA 95032
P. 408/358-6505 • F. 408/358-6404

To Our Patients:

In our efforts to continuously improve our patient service and office efficiency, we ask that you provide us with a valid credit card number. Your credit card number will be stored securely in an encrypted and password protected file. We will charge your card after each visit with a therapist and a receipt will automatically be emailed to the email on file at that time.

Should there be any unpaid balance over 60 days past due from your insurance company, your credit card will be charged. This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. Physical Therapy of Los Gatos will continue to bill your medical insurance and work with you to maximize your insurance benefits.

Having your credit card on file will help to keep health care costs down. If you have any questions about this payment method, please do not hesitate to ask.

Sincerely,

Physical Therapy of Los Gatos

I authorize Physical Therapy of Los Gatos to charge my outstanding patient portion balances for me and my dependents to the credit card listed below and kept on file.

Signature: _____ Date: _____

Visa MasterCard American Express Discover

Account Number: _____

Expiration Date: _____ CVV Code: _____

Billing Address (Number Only): _____ Billing Zip Code: _____

Full name as it appears on card (please print): _____