

Our office requires you to maintain your credit card information on file with us. Your credit card data is securely stored by our merchant provider and the full credit card number is never revealed to our staff. When providing your credit card information, you are giving Apex Physical Therapy and Rehabilitation, LLC permission to charge the credit card on file for your self pay service, no show/cancellation fees or outstanding balances as noted below. The credit card charge can be in the name of the patient, dependents and/or anyone listed on this form. By signing this, you authorize this agreement will remain in effect for 1 year from the date of this form.

**No Show/Cancellation Fee:** Our office requires 24 hours notice for cancellation for any appointment. If an appointment is cancelled within this time or no notification is given for a missed appointment, a \$50 fee will be charged to your card at time of your missed appointment.

**Outstanding Balance:** If any outstanding balance appears in your name or the name of any dependents or any persons listed in the multiple user section below, it will be charged to the credit card on file. You will be notified of the balance via email, in system messaging and/or via mail. If a response or payment is not received after 30 days, any balance will be charged to your credit card. A copy of the charge will be sent to you via email, in system messaging and/or mail.

**Multiple Users:** This card will only be authorized for the use of the credit card holder, the person receiving services, his/her dependents or any persons listed below.

---

---

---

---

I authorize Apex Physical Therapy and Rehabilitation, LLC to charge fees for service, cancellation/no show fees and outstanding balances on my account by using the credit card below:

CREDIT CARD INFORMATION		
Name on Card		
<hr/>		
Credit Card Number		
<hr/>		
Expiration Date	Security Code	Postal Code
<hr/>	<hr/>	<hr/>

---

Client Signature

---

Date