

Restor Physical Therapy

The *art* of Physical Therapy.

Credit Card Authorization

I _____ authorize Restor Physical Therapy to bill my credit card on a per treatment/once weekly basis (please circle which your choice). Restor will only submit credit card charges after your treatment has occurred and we have received the official billing charge sheet from the treating therapist which occurs the day after each treatment. You will be notified via email when we do submit any charges to your credit card. We will have a hard copy receipt in your billing file in the event you would like to have copies of these transactions. We will also have your chart notes and billing sheets to reference in the event you would like to audit any charges. Thank your for choosing Restor Physical Therapy for rehabilitation needs.

Signature

Date