

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, Amex or Discover card. Just complete and sign this form to get started!

Recurring payments will make your life easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you are out of town)

Here's how recurring payments work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you. You agree that no prior –notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days to the payment being collected.

Please complete the enclosed application in full, sign, date and send it to any of the following locations:

- phoenixphysicaltherapy.com
 - Patients dropdown > Patient Billing/Medical Records webpage
- Email to billing@phx-pt.com
- Mail to: Phoenix Physical Therapy
PO Box 392573
Pittsburgh, PA 15251-9573

Recurring Payment Authorization Form

Please complete the information below:

I, _____, authorize Phoenix Physical Therapy to charge my credit card as indicated below for the/e amount of \$_____ on the _____ of each week every 2 weeks once monthly for payment of my therapy services until my balance of _____ is paid in full.

Billing Address:	
City, State, Zip:	
Phone Number:	Email:

CHECKING / SAVINGS ACCOUNT	CREDIT CARD
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Name on Account:	Cardholder Name:
Account #:	Account #:
Bank Routing #:	Expiration Date:
Bank City/State:	

Signature: _____

Date: _____

Printed Name: _____

By signing this, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify PHOENIX Rehabilitation and Health Services, Inc., in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above note of payment dates falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For the ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of that ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that PRHS may at its discretion attempt to process the charge again with 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.