Agile
PHYSICAL THERAPY

CREDIT CARD ON FILE
(Optional)

You have the option of paying at each visit by check, cash, or credit card. For your convenience, we offer the option of leaving a credit card on file.

❒ I authorize Agile Physical Therapy, Inc. to charge my card for payments due at the time of service.

❒ I authorize Agile Physical Therapy, Inc. to charge my card for any remaining balance due after my insurance has processed my claims.

Please provide the following information:

Date: _____

Patient Name: _____

Name on Card (if different from above): _____

Credit Card (please circle one): Visa Mastercard Discover

Credit Card Account #: _____ Exp: _____

CVV: _____

Billing Street #: _____ Billing Street Zip Code: _____

I grant permission to Agile Physical Therapy, Inc. to bill my credit card for services rendered or treatment aids.

Cardholder/Patient Signature: _____

Would you like your receipt emailed? Yes No

Email Address: _____