

**Automatic Payment Consent Form**

**Payment**

*Bodywise Physical Therapy* accepts cash, check and all major credit cards.

We require securing a credit, debit or HSA card on file to be used exclusively for payment of fees to *Bodywise Physical Therapy* for copays, deductibles, treatment supplies, "Cancellation Fee of \$75. without giving 24hour notice" and "No Show Fee" of \$75.

I have read and understand the above Financial Policy.

Please initial here: \_\_\_\_\_

**Credit Card Information/Authorization**

I authorize *Bodywise Physical Therapy* to charge my credit, debit or HSA card for the balance of fees.

I understand, if the amount charged is greater than \$100., I will be notified of the amount my card is being charged.

Receipts and itemized statements will be provided to me upon request.

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

CVC Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Type (please circle one):    Visa    Mastercard    AMEX    Discover    HSA

4440 Arapahoe Ave, Suite 101, Boulder, CO 80303

Phone: (303) 444-2529    Fax: (303) 444-2563

[www.bodywisept.com](http://www.bodywisept.com)