

**CREDIT CARD AUTHORIZATION FORM**

**Please complete all fields. A credit card/debit card on file is a requirement for beginning physical therapy treatment. Card numbers are stored inside a secure patient profile on Square. Cards are only billed in the following instances:**

- 1) If no payment has been made on an outstanding bill after 3 consecutive months of receiving a mailed statement**
- 2) For a no-show appointment (\$125)**
- 3) For a re-scheduled appointment without 24 hours' notice (\$75)**

Card number:
Cardholder legal name:
Expiration date (mm/yy)
CVC (security code):
Billing address zip code:
E-mail (for receipt):
Phone (for receipt):

**I agree by signing my name below that I am authorizing HealthHQ Wellness & Physical Therapy to charge the card listed above for the reasons listed above. I understand that my information will be securely stored digitally.**

\_\_\_\_\_  
**Customer Signature**

\_\_\_\_\_  
**Date**