DiamondbackPhysicalTherapy

Widd Workman PT, DPT

323 S. Gilbert Rd. Suite #115 ≅ Gilbert, AZ 85296

4350 E. Ray Rd. Bld. #1 Ste. #101 • Phoenix, AZ 85044

22050 E. Queen Creek Rd • Queen Creek, AZ 85240

Phone: (480) 632-6667 ♥Fax: (480) 632-6668

Credit Card Authorization

I Authorize Diamondback Physical Therapy to charge my credit card for any co-pays, deductible, co-insurance, and cash arrangements weekly, or as determined by my insurance company. I also use this card number in the event of any missed appointments at which time I will be charged $25.00. I understand that I will be notified of any charges made prior to the debit transaction.

Cardholder's Name: _____ Patient name: _____
(if different)

Signature: _____ Date: _____

Type of Card (circle one): Visa Mastercard Discover Card

Account Number _ _ _ _/_ _ _ _/_ _ _ _/_ _ _ _

Expiration Date _ _/_ _/_ _ _ _

Security Code _ _ _

I hereby authorize Diamondback Physical Therapy to keep my signature on file and to charge my credit card listed above for:

Co-Payment ____
Deductible ____
Balance after Insurance ____
Payment Plan ____

_____

_____

_____

Your card information will be on file while receiving services from Diamondback Physical Therapy. This information will be kept private and used only toward listed items appearing on each monthly statement or missed appointments. Upon payoff of balance, your information will be removed from the system.