



133 Falmouth Road Mashpee, MA 02649
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Credit Card on Policy Acceptance Form

By signing below, I agree to all of Hallett Physical Therapy’s Credit Card on File Policy and I authorize Hallett Physical Therapy to keep my signature and valid credit/debit card number securely on-file in my account.

I allow Hallett Physical Therapy to automatically charge my credit card for any outstanding balances. This may include: insurance denials for ANY reason, missed or cancelled appointments without 24-hour notice, deductibles, co-insurances, co-payments, or equipment. Missed or cancelled appointments without 24-hour notice will be charged \$50 at the time of the appointment.

If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give Hallett Physical Therapy a new, valid credit card which I allow them to key-in over the phone. Even though Hallett Physical Therapy isn’t swiping this card in person, I agree that the new card will be subject to the financial policy listed here and may be used with the same authorization as the original care which I presented in person.

I understand this form is valid until I cancel this authorization through written notice to Hallett Physical Therapy.

Name on Card:

Card Number:

Expiration Date: _____ CCV# _____ Zip Code:

Signature of Patient/ Credit Card Holder
(or Legal Guardian)

Date

Hallett

PHYSICAL THERAPY

Print name of person signing above

Relationship to patient