



This form authorizes deposit and balance payments using Visa, MasterCard, Discover, American Express or CareCredit.

Authorized charge is payment toward the account for \_\_\_\_\_ (Patient Name).

The first section below authorizes Clear Passage Physical Therapy to process your deposit payment to secure your scheduled appointments. If noted, this section also allows authorization of payment for supplies, hourly pain therapy services, hourly infertility therapy services after completing a 20 hour infertility program, and a re-evaluation fee if more than 60 days has lapsed since your last visit. Your \$550 deposit becomes non-refundable when you schedule your therapy. Any additional payment remains refundable according to the cancellation policy noted below.

The second section below is for patients attending therapy in California, Virginia or Indiana to authorize Clear Passage Physical Therapy to process your balance payment 5 business days prior to your scheduled initial visit and/or for patients whose balance payment is to be processed using another person's charge account.

Complete both sections, as applicable, to allow prompt processing of your scheduled payments. If your remaining balance is not received by end of business day on the specified date, you may lose your paid deposit and your scheduled appointment times.

CareCredit: Clear Passage Therapies processes CareCredit charges using the 6 month (0%), 24, 36, 48 or 60 month (14.9%) plans. CareCredit requires a \$1,000 minimum charge to process using the 24, 36, or 48 month plans; and a \$2,500 minimum charge to process using the 60 month plan. You may use CareCredit to place the deposit with a 6 month plan, or authorize \$1,000 or more for the 24, 36, 48 or 60 month plans. Any charge over \$550, only \$550 remains non-refundable under our Rescheduled and Canceled Appointment Policy noted below.

Rescheduled and Canceled Appointment Policy:

Rescheduling - You may reschedule your initial evaluation one time without penalty. Any further rescheduling will result in a loss of your deposit with a new deposit required to reschedule. After your therapy program begins, hourly appointments must be rescheduled 24 hours prior to scheduled appointment to avoid a \$50 penalty.

Cancellation - Your \$550 deposit becomes non-refundable when you schedule your therapy. Should you choose to discontinue therapy after it begins, you will be refunded your unused balance, minus non-refundable deposit. The only exception is per physician's letter stating your contraindication to therapy, in which case the following costs will apply:

Table with 2 columns: Notice period and Refund amount. Rows include: 6 weeks prior to first scheduled appointment (full refund), 4 - 6 weeks notice (\$500 refund), 2 - 4 weeks notice (\$275 refund), less than 2 weeks (no refund).

1) I hereby understand the statements herein, agree to the Rescheduled and Canceled Appointment Policy noted above, and request Clear Passage Physical Therapy to process charge, in the amount of \$ 550.00 immediately for deposit to my account:

Form fields for Cardholder Name, Credit Account #, Cardholder Billing Address, Expiration date, Security Code, CareCredit Plan selection, and Authorized signature.

2) I hereby understand the statements herein, agree to the Rescheduled and Canceled Appointment Policy noted above, and request Clear Passage Physical Therapy to process charge in the amount of \$ 4,650.00 5 business days prior to my scheduled initial visit to my account:

Form fields for Cardholder Name, Credit Account #, Cardholder Billing Address, Expiration date, Security Code, CareCredit Plan selection, and Authorized signature.