



15047 LOS GATOS BOULEVARD SUITE 180  
LOS GATOS, CALIFORNIA 95032  
P. 408/358-6505 • F. 408/358-6404

To Our Patients:

In our efforts to continuously improve our patient service and office efficiency, we ask that you provide us with a valid credit card number. Your credit card number will be stored securely in a password protected file. Your credit card will be charged for any unpaid balance over 60 days past due that you have not disputed and it will be presented on your patient statement. Physical Therapy of Los Gatos will continue to bill your health insurance bi-monthly and mail you monthly statements.

The staff at Physical Therapy of Los Gatos will not charge your credit card without notifying you first. We will call to let you know the amount we will be charging and the date. If we do not hear back from you within 48 hours your credit card will be charged.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. We will continue to work with you to maximize your medical insurance benefits.

Having your credit card on file will help to keep health care costs down. If you have any questions about this payment method, do not hesitate to ask.

Sincerely,

Physical Therapy of Los Gatos

I authorize Physical Therapy of Los Gatos to charge my outstanding patient portion balances for me and my dependents to the following credit card:

**Visa    MasterCard**

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature Code: \_\_\_\_\_

Street Address: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full name as it appears on card (please print): \_\_\_\_\_