

LILIAN HOLM WELLNESS
PHYSICAL THERAPY AND WELLNESS COACHING

Credit Card Authorization

This form authorizes Lilian Holm, PT, DPT to, without further notification, charge any unpaid account balance to my valid credit card listed below. I understand that by my signature below I am authorizing Lilian Holm to charge the credit card listed below for any and all unpaid balances on my account + a 3% service fee. This may include, but is not limited to, charges for treatment, fees for no-shows or late cancellations as defined by the cancellation policy available on www.lilianholm.com, and fees for checks that can not be processed e.g. due to insufficient funds. I understand that I am responsible for the payment of any charges for my physical therapy services that my health insurance policy does not cover and/or my health insurance company has not paid for. I also understand that any inaccurately disputed chargebacks to this credit card will be assessed a \$50 fee which will be added to my account, and that my account may be turned over to a collection agency for further collections efforts on my delinquent account. I agree to update my credit card information if the credit card on file is no longer a valid form of payment. I hereby authorize Lilian Holm to bill my credit card listed below for any and all unpaid balances on my account. I will be supplied a zero balance invoice as a receipt upon request. I authorize Lilian Holm to charge the amount of a refundable \$1.00 to validate my card.

- Debit cards are not accepted.* I hereby certify that my card is a credit card.

- I would like to pay via Zelle, cash or personal check, and agree to keep a valid CC on file. Zelle, cash or check payments are due within 24 hrs of receipt of invoice, after which my CC will be charged.

Please print clearly:

Credit card type: Check one: Visa _____ Mastercard _____ American Express _____

Credit card number: _____

Credit card expiration date: _____

Verification/Security code (3-digit code on the back of the card): _____

Name as printed on credit card: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Your signature: _____

Printed name: _____

Today's date: _____