

# RJN Physical Therapy

## Physical Therapy Copayment EFT Draft Agreement

As a way to upgrade our billing system for physical therapy copayments we have begun to offer current patients an automated credit card drafting system. The new system will allow for automated withdrawal for visits provided on a recurring basis. Signing below will authorize us to complete such transactions on a timely and virtually “hands free” basis for clients whom are planning on working with our therapists. Feel free to contact us with any questions regarding this payment option at (518) 489-2020.

Sincerely,

Richard Waite, PT, DPT & Joe O’Hagan, PTA, SCS

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Request For Preauthorized Payment Plan

We hereby request the privilege of paying RJN Physical Therapy, PLLC & assigned billing agency, under the company’s “Preauthorized Payment Plan and hereby request the company to draw items (checks, electronic fund transfers (EFT’s), credit cards) for the purpose of paying said payments on the account of (Name as shown on account)

Visa     MasterCard     American Express     Discover

Credit Card Acct. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Subjected to the Following Conditions:

- (1) The items shall be drawn on or about the date the service was rendered. The transactions on your credit card statement will constitute receipts for payment on your account. Additional receipts can be provided upon request.
- (2) The privilege of making payments under this Plan may be revoked by the Company if any item is not paid upon presentation.
- (3) 24 notice for cancellations for appointments to not be charged for sessions.
- (4) A service charge of \$25 will be assessed to all insufficient drafts, checks, E.F.T.’s or charge cards.

Date: \_\_\_\_\_ PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_

250 Old Loudon Road  
Latham NY 12110