



**CREDIT CARD GUARANTEE POLICY**

All clients are being requested to provide credit card information as a guarantee for payment for all services rendered by Peter B. Lewis Aquatic & Therapy Center and/or Menorah Park Outpatient Therapy Clinics.

Credit card information is not entered into the data base of any computer. A copy of your authorization is stored in a secure location with access limited to the office manager and select employees in the billing department.

Medicare and/or your insurance (if applicable) will be billed for covered services. Once we have received a response you will be sent one statement for any balance your insurance company has determined to be your responsibility. You will have an opportunity to call the billing department to question your balance and/or make payment arrangements. If we do not receive a phone call or payment by the due date printed on your statement, your credit card will be charged for the balance due. A copy of the credit card receipt will be mailed to you the following day.

I \_\_\_\_\_, address \_\_\_\_\_, as the identified card holder of this *(please circle)*:

**American Express**

**Discover**

**Master Card**

**Visa**

Credit card number \_\_\_\_\_ date of expiration \_\_\_\_\_

CID number (3 digits on the back of card) \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Authorize Peter B. Lewis Aquatic & Therapy Center and/or Menorah Park Outpatient Therapy Clinics the use of this card for the identified reason stated above as of today's date of \_\_\_\_\_.

\*\*\*\*Is this a debit card?    **YES**                      **NO**

Signature of Cardholder \_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_