



Automatic End of the Month Billing

Effective March 1st, 2019, Rehab 2 Perform is offering a Paperless & Automatic Billing option where credit card (not debit/checking card) information will be kept on file for patients. In our effort to be more 'green' and efficient, patients who choose to enroll will no longer receive a billing statement in the mail. You may request a paper copy at anytime by emailing Billing@Rehab2Perform.com .

This policy authorizes Rehab 2 Perform, LLC to charge the credit card listed below, for balances related to services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by Rehab 2 Perform, LLC. Copays and deductibles will still be collected in office on the date service is rendered.

Credit card payments will be processed by our billing staff on the **25th of each month**, or the following business day. Billing statements and receipts will be emailed to the patients email on file. You will receive a courtesy call for any patient balance greater than \$300. If your credit card account is closed or expired please notify us as soon as possible. Declined transactions without alternative payment will incur a \$25 penalty.

Your insurance company will continue to send an Explanation of Benefits (EOB) that explains how much your insurance paid for therapy and how much you are responsible to pay. Our new policy will in no way compromise your ability to dispute a charge. Questions can be directed to our billing department at 301.798.4838 x1 or Billing@Rehab2Perform.com . Please be assured that the stored credit card information is in compliance with all federal and consumer rules protecting and regulating the storage and use of this information (PCI SSC).

My signature below authorizes Rehab 2 Perform, LLC to charge my credit card for any patient responsibility, including Cancellation/No Show fees. If I wish to update my card, I will notify the staff and complete a separate authorization form.

Credit Card Information

Amex

Visa

Mastercard

Discover

Cardholder Name: _____

Credit Card #: _____

Expiration Date: _____/_____/_____ Security Code: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____ Alt Phone: _____

Signature: _____ Date: ____/____/____