



AUTHORIZATION FOR CREDIT CARD PAYMENT

Los Gatos Orthopedic Sports Therapy, Inc.
15100 Los Gatos Blvd. Suite 1 • Los Gatos, CA 95032
(408) 358-1460 FAX (408) 358-1459
www.lgost.com

I Authorize Los Gatos Orthopedic Sports Therapy, Inc. (LGOST) to automatically charge my credit card (Visa, MasterCard) for items listed on the monthly statements for:

Name of Patient

The Payment Plan option I prefer is marked below:

- Daily Plan:** I authorize LGOST to charge me the day of each visit I attend physical therapy for services rendered relating to copayments and/or patient portions due.
- Weekly Plan:** I authorize LGOST to charge me for items incurred during the week that I attend physical therapy on the following Monday.
- Monthly Plan:** I authorize LGOST to charge me for items listed on the monthly statement on the 15th of every month that I receive services for physical therapy.

Credit Card: Visa or MasterCard

Credit Card #: _____

Expiration Date (MM/YY): _____

First/Last Name on Card: _____

3 Digit Security Code on Back: _____

Amount LGOST is to deduct: _____

If you agree with the said information above, please sign and date below:

Patient Signature

Date