

**Meredy Parker Physical Therapy**  
**ChicagoPhysicalTherapist.com**

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AUTHORIZATION TO KEEP CREDIT CARD NUMBER ON FILE

Please complete this form so ***Meredy Parker Physical Therapy, LLC*** can keep your credit card on file. This form is required to make an initial appointment.

Cardholder Name: \_\_\_\_\_

Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code \* \_\_\_\_  
(\*security code- 3 digits on the back of your card, except AMX 4 digits on the front of card)

Credit Card Billing Address \_\_\_\_\_

\_\_\_\_\_

City/State \_\_\_\_\_ Zip code: \_\_\_\_\_

I, the undersigned am an authorized signer of the credit card detailed above. I authorize ***Meredy Parker Physical Therapy, LLC*** to use the credit card information above to pay for cancel fees. Unpaid balances (co-pays and payments toward patient's deductible) will also be charged monthly with receipt sent out.

Please send a receipt: yes: \_\_\_\_\_ No: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

