

CREDIT/DEBIT CARD MANDATE



For administrative convenience for both you and Back in Action (UK), we respectfully request that all insured patients complete their credit/debit card details on registration to cover possible insurance claim shortfalls, cancellation or missed appointment charges, or equipment purchases. We will provide an invoice for all charges made against the card together with your credit card voucher.

If you are an insured patient and unwilling to complete the Mandate, then no problem, Back in Action (UK) will not bill the insurance company on your behalf and you will be required to settle your account with us at the end of every session. We will then give you an invoice for you to claim back from your insurer.

Please be assured that credit card details are kept securely and confidentially at all times. Back in Action (UK) will keep your credit card details for 12 months after you have finished treatment and your account is settled in full. At this time, your card details will be destroyed from our system.

DATE OF 1ST APPOINTMENT:

PATIENT NAME:

DEBIT/CREDIT CARD TYPE:

CREDIT CARD NUMBER:

START DATE:

EXPIRY DATE:

ISSUE NUMBER (MAESTRO):

NAME ON CARD (PRINTED):

ADDRESS THAT CARD IS REGISTERED AT (if different from the address that you have given on the registration form):

I hereby agree that you may charge the above card for any of the following:

- 1 Charges for which I am responsible that are associated with my insurance policy. This includes excess payments, cost share agreements, limitations in benefits, claim denials and any other shortfalls in benefit.
- 2 The cost of my treatment in the event that my insurer has delayed payment due to insufficient documentation required by them from me.
- 3 Applicable cancellation or missed appointment charges in the event that I fail to attend or give less than 12 hours notice.

Signature (card holder): _____ Date: _____