



10 E 33rd Street (btwn Madison & 5th Ave)
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I, _____, authorize Manhattan Sports and Physical Therapy to charge my credit card for the amount of \$_____ (if applicable) every time physical therapy services are rendered to me and/or for my copayments.

- In addition, no show and late cancellation fee of \$55.00 may be charged should I not give notice, 24 hours prior to my appointment time (or 1 business day if my appointment falls on a holiday or observed holiday).
- Should my insurance company deny payment, I understand that I am financially responsible for all bills and a staff member from MSMPT will contact me to make me aware of this and of the amount that will be billed to this credit card.

Attached is a copy of my credit card

Client Signature

Date

MSMPT Staff Signature

Date

This agreement expires once client is discharged from therapy and all bills are paid in full.

All Credit Card information will be kept confidential by MSMPT