Unbridled
Rehabilitation Services

Credit Card Authorization

Name on Card			
Card Number	**Expiration Date**	**CVV**	**HSA Card?** ☐ Yes ☐ No
Billing Address	**City**	**State**	**Zip Code**
Email Address for Receipt	**Client Name**		

I agree and authorize Unbridled Rehabilitation Services, LLC to charge the above account for all co-payment, deductible, and co-insurance as dictated by my insurance provider including non-covered services & private/non-insurance related services.

I have reviewed and understand the attendance policy upheld by Unbridled Rehabilitation Services, LLC and consent that fees pertaining to missed visits without appropriate notice will be charged to the card above.

Initial

Signature	Date
	/ /