



Chiro Branch Location
 124 Franklin Street
 Orlando, FL 32822
 www.chirobranch.com
 407-999-0000
 Payment Plans: 877-838-1148

Preauthorized Payment Agreement

Patient Name:	Christina Alexander	Address:	1223 ta, FL 33324
Date of Birth:	4/24/1993	Home Phone:	321-544-8521
Patient ID:	1.12233E+11	Work Phone:	
Email:		Mobile Phone:	

Agreement Details

Description of Services	Chiropractic Services
Payment Method (Primary)	VISA/Credit-1111
Payment Method (Alternate)	NONE
Maximum Authorized Amount per Payment Event	\$100.00
Maximum Number of Payment Events	12
Authorized Duration of Agreement (in months)	12 Months

Care Plan Terms and Conditions

I authorize the debiting of my primary account first and if funds are not available I authorize my provider to debit my secondary account for amounts up to the total amount authorized by me herein. Furthermore, I understand that I am in full control of my payment method and account, and if at any time decide to change my payment method, I will notify my provider with thirty (30) days notice of my payment method change.

Initial _____

I acknowledge that this is an estimate and not a guarantee of the amounts I will owe and that I am fully responsible for any amounts up to the total amount of any service and/or procedure authorized by and provided to me.

Initial _____

By providing my email address and/or mobile phone number I am consenting to receive emails and/or text messages regarding my payment activity.

Initial _____

Test Test Test

Patient Signature

Date

Provider Representative

Date