ORTHOSPORT
physical therapy &
aquatic rehabilitation
5722 Kalanianaole Hwy Honolulu, Hawaii, 96821

Phone: (808) 373-3555
Fax: (808) 373-3666
Web: www.orthosport.com

Credit Card Authorization Form

Please complete all fields.
You may cancel this authorization at any time by contacting our billing department directly at 808-226-7477 or our general offices at 808-373-3555. You may also email your request to dave@orthosport.com. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other ______________________________
Cardholder Name (as shown on card): ______________________________
Card Number (last 4 digits only): _______________
Expiration Date (mm/yy): ______________________________
Cardholder ZIP Code (from credit card billing address): ______________________________
☐ I would like a receipt emailed to: ____

I,______________________, authorize ORTHOSPORT HAWAII, LLC to charge my credit card above for any balance due including but not limited to deductibles, copays/coinsurances, taxes, no-show/ cancellation fees, and equipment purchases on or after each visit. I understand that my information will be saved to file for future transactions on my account.

________________________________ ________________________________
Customer Signature Date

By typing your name in the "Customer Signature" space, you agree to the terms indicated on this form.