



Automatic Payment Authorization Form

Your insurance may not pay the entire balance of your chiropractic care. Perhaps your deductible has not been met or you may not have insurance coverage. For a small processing fee of 8% we offer in-house financing in the form of automated recurring payment plans.

You can pay your chiropractic bill without writing a check, buying a stamp, or missing a due date. Simply complete the authorization form below. Upon approval, we will charge your payments directly to your checking or major credit card account. Your total charges will appear on your monthly bank or credit card statement.

Auto deduct will be on the _____ of every month.

Monthly Payment Amount: _____ **(Patient initials)**

_____ Credit Card (circle appropriate card)

Visa Mastercard American Express Discover Card

Number: _____

Expiration Date: _____ CVC: _____

Patient Name (as it appears on your bill) Please print: _____

Telephone Number: Cell _____ Home _____ Work _____

Address: Mailing _____ Physical _____

City _____ State _____ Zip Code _____

Employer: _____

Cardholder Name (if different from Patient) _____

Cardholder Address: Mailing: _____ Physical: _____

City _____ State _____ Zip Code _____

Signature

Date

Return completed form to
Pairmore & Young: Synergy Chiropractic
3210 Denali Street Suite 1
Anchorage, AK 99503
(907) 677-6953
Fax: (907) 677-6954

The company we choose to process automatic payments is Patient Payment Solutions. Rest assured that your information will be fully secured using PCI & HIPAA compliant software. All data is encrypted with the highest bank level security technology and stored on secure servers.