



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 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) _____

Patient Information

First Name:		
Last Name:		
Street Address:		
City:	State:	Zip:
Cell:	Social Security Number:	
Home:	Date of Birth:	
Email:	Office Account:	

Billing Information

check box if same address as above.

Full Name:	
Street Address:	
City:	
State:	Credit Card Number:
Zip:	Expiration:

Signature: _____ Date: _____

Office Use Only

Date received:	Date Uploaded:	Completed by:
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Return completed form to Pairemore & Young: Synergy Chiropractic at 3210 Denali St. Ste. 1 Anchorage, AK 99503. Phone: 907-677-6953 Fax: 907-677-6954 Email: FDCA@907chiro.com