Looking Ahead
PEDIATRIC PHYSICAL THERAPY
PLLC
Excellence in Infant Head & Neck Disorders

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

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Cardholder Name (as shown on card):			
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Aim Medical Services, LLC

I, _____ authorize Looking Ahead Pediatric Physical Therapy to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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Patient Signature Date

_____ _____
Process Payment Per Visit Process Payment Bi-Weekly