



Credit Card Authorization Form

_____(Name), hereby authorizes Little Heroes LLC to charge the below referenced credit card the patient responsibility portion for the pediatric physical therapy services provided to my child.

Please Indicate the Credit Card Issuer

- American Express
- Discover
- Visa
- MasterCard

Card Number: _____

Security Identifier: _____

Expiration Date: _____

Phone Number: _____

Billing Address: _____

I understand that my credit card can be charged at anytime for the charges that have been incurred for each treatment session that has been performed. I will also notify Little Heroes LLC if there are any modifications to the account provided above.

Cardholder Signature

Date

* Account Statement Summary will be available upon request.