



Vincent Romviel, R.P.T., Manual Therapist

2141 K Street, NW • Suite 703 • Washington, DC 20037
tel 202-293-3364 • fax 202-223-6534

Credit Card Authorization

As an added convenience, you may wish to leave a credit card imprint to facilitate payment of treatment charges. To initiate this service, please sign the statement below:

I authorize Spinal Balance Physical Therapy to keep my signature on file and to charge my credit card for balances of charges not covered by insurance, co-payments, or no show/late cancellation fees. I understand that this form is valid unless I cancel the authorization through written notice to Spinal Balance Physical Therapy.

(Please DO NOT SIGN if you DO NOT wish to keep a credit card on file).

Signed: _____ Date: _____