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To Our Patients:

Due to insurance cutbacks, increased postage, in addition to the overall costs associated with patient billing and collecting, we are forced to find ways to decrease our expenses so that we may continue to provide our patients with the very best quality of care.

As of August 1, 2007, Rehab Connection is requesting our patients to keep a credit card on file. Your credit card information, as all of your private information, will be kept in a secure location and used only with your permission. Only co-pays, deductibles and co-insurance will be billed to your card. This will benefit you, our valued patient, in that you will not have to write multiple checks and mail them; you will no longer receive multiple bills; and you won't have to keep track of multiple receipts for income tax purposes.

Payment on file, in no way compromises your right to dispute or question patient balances, non-covered charges, etc. Our staff, as always, is here to assist you with any questions or concerns you may have.

Sincerely,

Tynetta Pearson
Billing Manager
Rehab Connection
(856) 547-4422

OPTION 1: I, _____, authorize Rehab Connection, PC to charge co-pays, deductible and/or co-insurance balances on my account to the following credit card:

___ Visa ___ MasterCard ___ Discover

Account Number _____ Exp Date _____

Authorized Signature _____ Date _____

OPTION 2: I do not authorize credit card charges at this time. I agree to pay co-pays at the time of service. I understand that returned checks and balances older than 60 days are subject to additional charges as stated in Rehab Connection's financial policy.

Print Name _____ Patient (if minor) _____

Signature _____ Date _____