



*FOR KIDS*

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*2920 Ridgepine Drive*  
*Apex, NC 27502*

[www.dynamictherapyforkids.com](http://www.dynamictherapyforkids.com)

### ***CREDIT CARD ON FILE AUTHORIZATION***

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s): \_\_\_\_\_

I authorize Dynamic Therapy For Kids Administrative staff to use my Credit Card/Debit Card/Flex Card to bill for co- payments/deductible's or any non- covered services for my child's therapy services.

Paid statements will be mailed out upon payment confirmation for each transaction.  
**(Please write legibly)**

Visa / MC / Debit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

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Parental Signature

Date

**This information can also be provided by calling our office and speaking with the front desk staff.**