



The ProCare Promise

ProCare Rehabilitation offers FULL billing transparency based on the information your insurance company provides us. We PROMISE to disclose your out-of-pocket payment responsibility within the first week of your initial evaluation.

- Every patient will be given a detailed insurance benefit sheet with the information that was provided to us by your insurance company.
- ProCare asks you to please call your insurance company to double check the information

With that, ProCare requires all patients to extend the courtesy of putting their credit card on file to simplify the patient experience and to maintain your account in good standing.

Please provide the following information:

Amex Visa Mastercard Discover

Credit Card Number _____

Expiration Date ____/____/____ CCV (Security Code): _____

Cardholder Name _____

Patient Name _____

Billing Address _____

City _____ State _____ Zip _____

I, the undersigned, authorize and request ProCare Rehabilitation to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by ProCare Rehabilitation, LLC

Signature: _____

Email Address(for receipt): _____

Date: _____