



Easy Pay Form

If you are interested in our “easy pay” program for your therapy at the North Texas Rehab Center, complete the form below and mail in or return the form to our billing office at:

**North Texas Rehab Center
1005 Midwestern Pkwy
Wichita Falls, TX 76302**

Or you can call our office at (940) 322-0771 and ask for the billing department. If you provide us with your card information and let us know which date you would like to begin making payments, we can take care of the paperwork. Please keep in mind that our facility is 100% HIPPA compliant. Any information you provide will be contained in a safe and secure manner.

Client Name: _____ Account Number: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Type of Card: Visa Mastercard

Debit/Credit Card Number: _____ Expiration Date: _____

Desired Monthly Payment Amount: \$ _____

I authorize North Texas Rehab Center, Inc. to charge my credit card for the balance of my charges according to the terms set above. I agree to pay the total amount according to the card issuer agreement.

Cardholder Signature: _____ Date: _____

Thank you for allowing the North Texas Rehab Center to serve you!