



PATIENT EASY PAY CONSENT FORM

For your convenience, Blair Orthopedics offers the Patient Easy Pay Feature. This eco friendly feature eliminates receiving monthly statements and protects potential delinquent balances on your account. You will receive a receipt via mail for any charges on your credit card.

Simply print this form, complete the information below, bring it to your next appointment or mail to the below address:

Blair Orthopedics
3000 Fairway Drive
Altoona, Pennsylvania 16602.

I, _____ hereby authorize Blair Orthopedics to confidentially retain and
(PRINT NAME) charge my credit card account for my ongoing balances.

Signature _____

Today's Date _____

Credit Card Type: Visa Mastercard Discover American Express

Credit Card Number: _____

Name on Card: _____

Expiration Date ____/____

OFFICE USE ONLY

Information Verified by: _____ Date: _____