



- St. Albert Physical Therapy & Sports Injury Clinic Inc
- Dynamic Sports Physiotherapy Inc
- Kensington Physical Therapy & Sports Injury Clinic

PAYMENT ARRANGEMENTS

Name: _____

Please check the payment of your choice:

- I will pay for my treatments at each session.
- My credit card number will be left on file and once my Extended Health Care benefits have been directly billed I will be responsible for the remaining balance of my treatments. Please indicate your provider for extended health care (ex. Great West Life/ASEBP)
- _____

Credit Card Type: VISA MASTERCARD

CARD #: _____ EXPIRY DATE: _____

Please note: Card #'s will be protected and secured for your security and confidentiality.

I hereby attest the above information to be true and agree to the terms which I have chosen.

SIGNED: _____ DATE: _____

If agreement with card holder is broken St. Albert Physical Therapy & Sports Injury Clinic Inc has the right to process any unpaid amounts to the credit card listed above.



St. Albert Physical Therapy & Sports Injury Clinic Inc
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Dynamic Sports Physiotherapy Inc
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Fax: 780-458-8511

Kensington Physical Therapy & Sports Injury Clinic
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