



Credit Card Billing Authorization Form

Patient Name: _____ DOB: _____

Billing Address: _____

City/State; _____ Zip Code: _____

Phone Number: _____

Visa MasterCard American Express Discover

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ 3 digit security code on: _____

Card Holder in Person Verbal Authorization over the phone

I authorize Neu Limbs, LLC DBA Hill Country Orthotics and Prosthetics to charge my credit card once for the amount of \$_____. I understand I may be billed for any remaining balance. I am the authorized user for this credit card.

Signature: _____ Date: _____

Printed Name: _____

Employee Signature: _____ Date: _____

Printed Name _____ Title: _____

If you have any questions, please contact our billing department.

7804 Jones Maltsberger Rd
San Antonio, TX 78216
Ph: 210-977-0166
Fax: 210-977-0168