



Payment Agreement for MVA Patients and Patients with Out-Of-State Insurance Carriers

I, the undersigned, hereby agree to endorse and forward all reimbursement payments sent directly to me from my insurance company or any company paying me for services rendered by Vivie Therapy Inc., to Vivian Eisenstadt / Vivie Therapy as soon as I receive them.

I also agree to submit a copy of the Explanation of Benefits in relation to any payments that I receive.

I also understand that if I do not endorse payments and get them to Vivie Therapy within 10 days of receiving them, I give Vivie Therapy permission to bill the following credit card for the amount of the checks I receive with a 5% service charge.

I also understand that any unpaid balance is subject to a 1.5% monthly finance charge that will be added to my balance after 60 days from the first visit.

If my auto insurance does not cover my treatment at Vivie Therapy, I give Vivie Therapy permission to bill the following credit card for the amount of services provided

Credit Card Type: _____

Card Number: _____

Exp. Date: ____/____

CVV: _____

Patient Signature

Print Patient Name

Date