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CREDIT CARD ON FILE FORM

In order to simplify the satisfaction of your co-payment/co-insurance responsibilities, JADED BODY WELLNESS & SPINE INSTITUTE enables you to make your payments by credit card. To facilitate processing and permit you to authorize payments via phone, JADED BODY WELLNESS & SPINE INSTITUTE requests that you sign below so that we can maintain your signature on file.

Please note that at no time will payments be processed without your awareness and prior consent.

I, the undersigned acknowledge that JADED BODY WELLNESS & SPINE INSTITUTE is hereby authorized to charge my credit card for payments authorized by me without obtaining any additional signatures.

Credit Card: ___ AMEX ___ MASTERCARD ___ VISA

Credit card number: _____

Expiration: _____ CVC _____ Billing Zip Code _____

Card Holder Signature: _____ Date _____