



Ayurbliss, LLC
Integrative Physical Therapy

To Our Patients:

In our efforts to continuously improve our patient service and office efficiency, we ask that you provide us with a valid credit card number. Your credit card number will be stored securely in a password protected file. Your credit card will be charged for any unpaid balance over 60 days past due that you have not disputed and it will be presented on your patient statement.

The staff at Ayurbliss, LLC will not charge your credit card without notifying you first. We will call to let you know the amount we will be charging and the date. If we do not hear back from you within 48 hours your credit card will be charged.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. We will continue to work with you to maximize your medical insurance benefits.

Having your credit card on file will help to keep health care costs down. If you have any questions about this payment method, do not hesitate to ask.

Sincerely,

Ayurbliss, LLC

I authorize Ayurbliss, LLC to charge my outstanding patient portion balances for me and my dependents to the following credit card:

Visa MasterCard

Account Number: _____

Expiration Date: _____ Signature Code: _____

Street Address: _____ Billing zip code: _____

Signature: _____ Date: _____

Full name as it appears on card (please print): _____

Dr. Rucha Kelkar, BAMS, PT, DPT
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Yoga Therapist

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