Pulmonary Solutions
7660 W. Sahara Ave
Las Vegas, NV 89117
Ph 877-290-8636

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Just review, complete, and sign this form to get started!

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your debit or credit card. You will be charged the amount indicated below each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

Your current insurance plan co-pay as quoted by your insurance company will be _____% of your insurance company's allowed amount. You have a $_____ deductible that will renew at the start of the next calendar year or plan year based on your individual insurance plan.

I _____ authorize Pulmonary Solutions to charge my bank account or credit card
(full name)

Indicated below for $_____on the _____ of each month for payment of my
(amount) (date)
_____. The payments will continue for _____months and the
(Medical Equipment)

Payment amount will increase to $_____during any months when the insurance deductible

has not been met. After the trial period, the final purchase price of $_____ will be charged in full to my account if the insurance company does not pay the full rental cost of the equipment.

Credit Card

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Cardholder Name _____ Account Number_____

Exp. Date _____ CVC Code _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I return the rented equipment or until the time frame listed above expires. I agree to notify Pulmonary Solutions in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of an Transaction being rejected I understand that Pulmonary Solutions may at its discretion attempt to process the charge again within 30 days, and agree to an additional $30.00 charge for each attempt rejected which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.