

**Feet Retreat, LLC**

PO Box 7751

Bend, OR 97708

www.OregonFeetRetreat.com



**Phone**

541.788.4785

**Fax**

541.312.5280

FeetRetreatBilling@gmail.com

*Foot Care Clinics throughout  
Central Oregon*

**DAWN UNZE, RN**

Foot Care Coordinator

PERMISSION TO PROVIDE FOOT CARE FOR RESIDENT

I give permission for \_\_\_\_\_, who is currently  
*Patient Name*  
a resident of \_\_\_\_\_, to receive Foot Care service.  
*Facility*

I understand that I am responsible to pay the fee for this service, which is currently billed at **\$40**, payable to **FEET RETREAT, LLC**.

**Foot Care service includes:**

- Foot soak
- Trimming & filing of toenails
- Inspection of feet, legs and toes
- Referrals to physician or podiatrist, if needed
- Complimentary fingernail trim, if needed

Services are provided by a Registered Nurse.

Payment terms are Net 15 of invoice date and prompt payment is always appreciated.

**\$5 discounts are available for:** *prepaid accounts, payments rendered at time of service, and for all accounts with an Auto Pay Authorization on file.*

**Please acknowledge this responsibility by signing below and provide us with your billing information.**

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*

Billing Name : \_\_\_\_\_

Billing Address : \_\_\_\_\_

City/State/Zip : \_\_\_\_\_ Phone : \_\_\_\_\_

*If you would like invoices e-mailed to you, please indicate & provide below.*

E-mail : \_\_\_\_\_

*Please remember to add us to your "trusted" contacts list.*

**~ Thank you for putting your trust in us! ~**

**Feet Retreat, LLC**  
PO Box 7751  
Bend, OR 97708



**Phone** 541.788.4785 **Fax** 541.312.5280  
FeetRetreatBilling@gmail.com  
www.OregonFeetRetreat.com

**BILLING and PAYMENT OPTIONS**

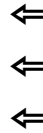
Our standard payment terms are due within 15 days of invoice. Printed invoices are sent by mail.

**\$5 discounts are available for:** *prepaid accounts, payments rendered at time of service, and for all accounts with an Auto Pay Authorization on file.*

Please use this form to:

- **Request e-mailed invoices** — Upon invoice receipt, you can opt to make a one-time online payment.
- Setup **recurring eCheck/Credit Card payments** to automatically deduct from your account when services are rendered. We'll send you a paid receipt.

*To take advantage of these time-saving options, please complete and return to us via fax or mail.*



*Thank you!*  
*The Billing Dept.*  
**FEET RETREAT, LLC**

**YES!** Please **e-mail** invoices/paid receipts to: \_\_\_\_\_  
*Please add us to your "trusted" contacts list.*

**YES!** **AUTO PAY AUTHORIZATION**

I authorize **FEET RETREAT, LLC** to charge/debit the account below each time Foot Care services are provided for: \_\_\_\_\_

*Patient Name and Facility*

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Feet Retreat, LLC at least 15 days prior to the next foot care service date. For eCheck (ACH debits) to my checking/savings account, I acknowledge that the origination of ACH 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 the scheduled transactions with my bank or credit card company, provided the transactions correspond to the terms indicated in this authorization form.

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name of Responsible Party / Relationship to Patient*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Mailing Address of Responsible Party (if different from below)*

\_\_\_\_\_  
*Phone*

**Option 1 - eCheck (ACH debit):**     Personal Checking     Personal Savings     Business Checking



Bank Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

~~~~~  
Please attach a voided check  
~~~~~

**Name on Account:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**- OR -**

**Option 2 - Credit Card:**



**CARD #:** \_\_\_\_\_ **Exp.** \_\_\_\_ / \_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**CVV SECURITY CODE:** \_\_\_\_\_  
**Visa/MC/Disc** = last 3 digits on back of card  
**AMEX** = 4 digits on card face