

**Financial Agreement**  
**Foot & Ankle Associates**  
**17510 West Grand Parkway S.**  
**Suite 530**  
**Sugar Land, TX 77479**  
**281.313.0090**

Date: \_\_\_\_\_

I, \_\_\_\_\_, allow Foot & Ankle Associates to make a transaction in the amount of \$\_\_\_\_\_.\_\_\_\_ to the credit card stated below. Should this payment be declined, the financial agreement will become null and the balance with then be due immediately. I have read and understood the conditions of this agreement.

Credit Card:  
MC   V   DISC.

Number: \_\_\_\_\_

Exp: \_\_\_\_/\_\_\_\_

CV: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**\*\*Credit card information is confidential and will not be shared with any other parties.\*\***

\_\_\_\_\_  
Patient/ responsible party signature

\_\_\_\_\_  
Patient/responsible party print

Arrangements made by: \_\_\_\_\_