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Auto Pay Form

Peak Medical Equipment, LLC offers the ability have your PAP Equipment charges automatically charge to your Credit Card on File.

I hereby authorize Peak Medical Equipment, LLC to charge my credit on file for all unpaid charges incurred. If at any time I wish to discontinue this service I will notify Peak Medical Equipment of this change.

Credit Card Information:

Name as it appears on card: _____

Number: _____

Card Type (Visa, Master Card, AMEX)

Exp Date: _____ CVV: _____

By initialing this box, I also authorize Peak Medical Equipment, LLC to automatically charge my credit card on file for all unpaid charges after insurance has been billed.

Printed name: _____

Signature: _____ Today's Date: _____ Account# _____

*Notice: If your account for any reason has \$500.00 or more past due, or is past due for more than 90 days, we will stop automatic resupply. It will remain stopped until either the account balance is resolved OR you speak with one of our billing specialists about your balance. Please note that not all insurance fee schedules are the same.