



## Credit Card Authorization Form

To improve the efficiency of patient payments, we require our patients to leave credit card information and charge authorization. This is similar to policies of most hotels and car rental companies. Your credit card information will be held securely to the standards of federal guidelines that protect against identity theft.

When your insurance company has paid its portion of your bill, your portion (the coinsurance or deductible) will be charged to your credit card. Our billing usually closes on the 20<sup>th</sup> of the month. Your card will be charged at that time for any outstanding balances. We will bill your card for failed appointments or late cancellations on the date of the appointment. Please be reminded that we are not responsible for any debit card charges if you choose to register a debit card instead of a credit card.

I understand that if my card declines my clinician may put my credit card through on another day when funds become available. This policy will in no way compromise my ability to dispute a charge or question my insurance company's determination of payment.

I authorize my clinician to charge any outstanding charges for my sessions (for copays, co-insurance amounts, failed appointments/late cancellation charges and outstanding balances).

Select One:

VISA

MASTERCARD

DISCOVER

AMERICAN EXPRESS

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date (Month/Year)

\_\_\_\_\_  
Security Code (3-digit on back of card)

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date