

CREDIT CARD AUTHORIZATION

Mindful Connections Psychological Services, PLLC requires you to provide your credit/debit card information on file with us so we can automatically charge any co-pays, co-insurance, deductible amounts, and professional service charges such as late cancelation or missed appointment charges. It is the client's responsibility to keep cards accurate and up to date. We store financial information and other protected health information in an encrypted, [HIPAA compliant site](#).

Payment is required at the time of service. We provide regular statements for your account balance via mail or through the patient portal. You may pay your balance in session with your therapist, online via your patient portal or by check or cash. If balance accrues and no payment is received, we reserve the right to seek payment by any means, including using the credit/debit information we have on file, retaining the collection agency, and taking legal action in court. We may be willing to work out a client payment plan that includes a reasonable period for resolving the balance. If the client's balance remains unpaid, we reserve the right to suspend services until the balance is paid in part or in full.

Patient First Name*: _____ Patient Last Name*: _____

Card Type*:

- Visa
- Master Card
- Discover
- AmEx
- Other

Card Holder Name*: _____ Credit Card Number*: _____

Expiry Date*: ____/____ (month/year) Security Code*: _____

Your signature below indicates that you have read and understood our credit/debit card and delinquent account policy. You are authorizing Mindful Connections Psychological Services, PLLC to charge the above credit card for ongoing payment toward your balance. You are aware that your information will be saved on file for a future transaction on your account.

Signature: _____ Date: _____