



Credit Card Authorization Form

Patient's name:

Name (as it appears on credit card):

Billing Address:

Credit card type: Visa MasterCard Discover Amex

Credit card number:

Expiration date:

Security code:

I understand I am responsible for any deductible, co-payment or balance that is not covered by my individual insurance policy, and for full payment of the cost of professional services should my insurance coverage expire. I understand I am responsible for any co-payment at the time of service. I understand full payment is also required for missed appointments and cancellations with less than 48 hours prior notice.

I understand that the credit card listed above will be charged for services rendered including but not limited to amounts subject to a deductible, co-payments, missed and canceled appointments with less than a 48-hour notice, report writing, contact outside of a scheduled appointment, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing other services you may request of me. If the credit card charge is denied, I will be billed separately for the appointments. Colony Care Behavioral Health clinicians will not schedule any further appointments until I pay all outstanding balances. I waive any and all rights to cause a charge-back (i.e. a disputed, reversed, or contested charge) against this purchase for any reason. I agree to call and notify Colony Care Behavioral Health in advance of my next scheduled appointment if my address, phone number, or responsible party has changed.

I hereby authorize Colony Care, Inc. to charge my credit card for agreed upon fees and professional services rendered to me or the patient whose name appears above. By typing my name below I am authorizing Colony Care, Inc. to charge my credit card for the professional services as described above. I certify that I am the owner of the credit card listed on this form and can authorize charges to this card.

Signature

Date