

## AUTHORIZATION FOR CREDIT CARD CHARGES

At the start of services, <u>ALL CLIENTS</u> MUST PLACE A CREDIT CARD ON FILE with authorization for charges to be made for all payment due. Rare exceptions may be made to this policy, such as when evidence is present showing cap has been met or client has no copay, no co-insurance, and no deductible according to plan, etc. Your credit card information is stored in the encrypted online card processing system. Under HIPAA, we must follow strict rules and guidelines in terms of protecting patient privacy and the credit card is considered protected health information. Because of this, our office is far more secure than most retail establishments as it relates to identity theft. We are able to process Visa, Mastercard, or Discover cards for payment (American Express is <u>not</u> accepted). If you choose to put a debit card or a Health Savings Account (HSA)/FSA/Flex Plan card on file (that will be processed as a credit card; a Visa/MC logo must be on the card), you must guarantee sufficient funds will be available and also provide a true credit card as a secondary form of payment, for backup. After charges are made, a receipt will be EMAILED to the PRIMARY EMAIL ADDRESS listed below. Please note, details regarding the appointment date(s) and reason for charge will be included within the emailed receipt; the date that your card is charged MAY NOT correspond with the date of service for which the charge applies. In the event your credit card is not able to be processed for any reason, you MUST provide payment as outlined within the *Financial Agreement* and Beacon shall follow the steps outlined in the "Delinquent Accounts" section of the *Financial Agreement* signed at intake. For payment plans, credit card charges are processed according to strict guidelines of the payment plan contractual agreement; polices from the *Financial Agreement* continue to apply as well.

	PRIMARY CONTACT	SECONDARY CONTACT
NAME:		
*EMAIL ADDRESS:		
*PHONE:		

## **PRIMARY CARD FOR CHARGES:**

	Credit Card		Debit Card*	HSA/FSA/Flex*	
	Visa		Mastercard	Discover	
CREDIT CARD NUMBER:				<b>EXPIRATION DATE:</b>	
CARDHOLDER'S NAME:				CODE ON CARD:	
BILI	LLING ADDRESS:				

## \*SECONDARY CARD FOR CHARGES (ONLY REQUIRED IF PRIMARY CARD IS NOT A 'TRUE' CREDIT CARD)

	Visa		Mastercard		Discover		
CREI	REDIT CARD NUMBER: EXPIRATION DAT		XPIRATION DATE:				
CARDHOLDER'S NAME:			CODE ON CARD:				
BILL	LING ADDRESS:						

I, the undersigned, authorize and request Beacon Pediatric Behavioral Health ("Beacon") to charge my card(s), indicated above, for all charges due and balances owed. I understand that the card(s) will be charged in accordance with the **Agreement for Behavioral Health Services** and the **Financial Agreement** that I have signed as well. This authorization relates to **ANY AND ALL** payments due by me, including, but not limited to, costs associated with record requests, delinquent balances, no-show or late cancellation fees, selfpay fees for services, costs not covered by my insurance policy, patient responsibility amounts as identified by insurance (including copay, co-insurance, and/or deductible), and where applicable, estimated costs due prior to service and/or prior to claims processing and provision of the insurance EOB, as well as differences in cost between my payment of estimated fees and actual 'patient responsibility' determined to be due once claims process and insurance issues the EOB. I agree that I am responsible for any balances due and I understand that failure to pay my balance within the required timeline will result in Beacon pursuing the steps outlined within the 'Delinquent Accounts' section of the Agreement for Behavioral Health Services and the Financial Agreement that I have signed. This authorization will remain in effect unless I choose to cancel the authorization by providing a 60-day notification in writing after my account is in 'good standing' (\$0 balance; account is not delinquent, etc.).

YOUR NAME:	YOUR SSN:						
CHILD'S NAME:		CH DO	ILD'S B:				
SIGNATURE:		DA	ГЕ:				