

Catalyst Counseling Associates (CCA) Credit Card on File Agreement (optional)

We have implemented a policy which enables you to maintain your credit card information securely on file with Catalyst Counseling Associates (CCA). In providing us with your credit card information, you are giving CCA permission to automatically charge your credit card on file for your [or any other patient(s)] you have listed on this form co-pay/s, outstanding balance/s, and/or service/s.

Co-pays: Co-pays are due at time of the office visit. When using a credit card on file agreement, co-pays will be billed once a week for all services that week.

Balance: If your insurance provider has paid their portion of your bill [or any other patient(s) you have listed on this form] and there is still an outstanding balance owed, CCA will notify you via phone and/or mail. If by the second billing notice from CCA, we do not receive a response from you or your payment in full, at that time, any balance owed will be charged to your credit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Outstanding: This card will only be authorized for the use of the credit card holder or any person(s) listed below by the credit card holder. This agreement will expire on the expiration date listed below. The card holder may also revoke this consent at any time in writing.

Circle Card Type Below:

Visa

MasterCard

Credit Card Holder's Name: _____

DOB: ____ / ____ / ____

Credit Card Number: _____ **Security Code:** _____ **Expires:** _____

Billing Address: _____

Card holder's Signature: _____

Date: ____ / ____ / ____

Please fill out information below for any other person/s you authorize this credit card for:

Patient Full Name: _____

DOB: ____ / ____ / ____

Patient Full Name: _____

DOB: ____ / ____ / ____