



Credit Card Authorization

Please fill out the details as indicated below to place your credit card on file.

Patient's Name: _____ DOB: _____

Card Holders Name: _____
(Exactly as it appears on card)

Billing Address: _____

Card No: _____

Expiration Date: _____

CVV: _____

Card Type: Visa MasterCard Discover Am Ex

Email address: _____

I hereby authorize Gulfcoast Behavioral Health to charge the credit card listed above for payment of any outstanding charges for services rendered that were not paid by or covered by insurance, as well as any balance resulting from missing appointments and/or late cancellations. In addition, I hereby authorize Gulfcoast Behavioral Health to charge the credit card listed above for any additional outstanding balances once they have received the Explanation of Benefits from my insurance carrier. I understand my Insurance Carrier will notify me with an Explanation of Benefits detailing the payment made and amount owed prior to GCBH receiving notification and processing my Credit Card on File. I hereby authorized GCBH to charge the credit card listed above up to the amount of \$250. I understand that I will be notified by email on the day my Credit Card on File has been processed.

_____ (initial here)

This form will be kept on file and will remain in effect until the expiration of the credit card account or until revoked by applicant. I understand my card information will be kept in a secure encrypted format.

_____ (initial here)

Any questions regarding my account, my credit card, or any past due amount will be directed to info@gulfcoastbh.com. Additionally, I agree that the card listed above may be charged by Gulfcoast Behavioral Health to settle any outstanding balances. I understand that if a chargeback fee is incurred or a retrieval fee is incurred, I am responsible for these fees.

_____ (Initial here)

I agree that if I have any concerns or questions regarding charges to my account, or if the charge fails to post to my account, I will contact Gulfcoast Behavioral Health for assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Gulfcoast Behavioral Health and those attempts have failed.

_____ (Initial here)

Cardholder Signature

Date

