



CREDIT CARD ON FILE POLICY

At Bridgeworks Counseling, we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Without this authorization, a billing fee of [\$25] will be added to your account for any balances that we must attempt to collect through mailing monthly statement.

Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account.

I authorize Bridgeworks Counseling to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

Credit Card Number

Expiration Date

CCV

Cardholder Name

Signature

Billing Address

City

State

Zip

I (we) the undersigned, request Bridgeworks Counseling to charge the following card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by Bridgeworks Counseling.

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60 day notification to Bridgeworks Counseling in writing and the account must be in good standing.

Patient Name (Print):

Patient Signature:

Date: