**Card on File Policy**

In an effort to expedite the checkout process and to help with weekend and after hour appointments, we will require a credit or debit card on file (square card processing system). Other forms of payment will still be accepted at checkout. The card on file can/will be used for the following: balances due, payment for services completed, appointment cancellations same day ($30 fee), no call/no shows missed appointments (full fee), packages, insurance copayments, etc. An electronic notification will be sent by email or text when payment is processed. If notification preferences change, please notify us by phone or at the front desk.

**I authorize Blue Q Health and Wellness to charge the portion of my bill that is my financial responsibility to the following credit or debit card:**

**(Circle one of the following)**

**Amex Visa MasterCard Discover**

**Last 4 digits of your Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cardholder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I (we), the undersigned, authorize and request Blue Q Health and Wellness, LLC to charge my card on file, indicated above, for balances due for services rendered. This authorization relates to all payments not covered by my insurance company or any fees associated with missed and same day cancellations. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 30 day notification to Blue Q Health and Wellness and the account must be in good standing.

Patient Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_