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Credit Card Authorization

As outlined in the Informed Consent for Telepsychology, a credit card is required to be on file for payment purposes prior to the initial appointment. For those persons being seen in clinic, most of the time, having a credit card on file for payment purposes provides the most convenient method of payment.

By paying via credit card, you acknowledge that this credit card information will be automatically kept on file via PCI-compliant encrypted code with the following credit card processor: *International Bancard*. Health Savings Account cards may also be kept on file as the primary form of payment but must still have a back-up credit card on file in case HSA funds are depleted.

[For persons using Tricare] You further agree and understand that if insurance does not pay the agreed upon rate for services rendered, any remaining balance due that is the legal patient responsibility will be charged to this HAS or Credit Card on file. This amount typically includes co-pays, co-insurance, and deductibles that have not yet been met or were quoted incorrectly by the insurance company.

AGCR Psychological Services, LLC will provide you access to the TherapyAppointment patient portal where you can view your account, request statements, or pay your outstanding charges. Clicking on the payment line will allow you to view or print the receipt.

By entering my name and signing below, I authorize AGCR Psychological Services, LLC to keep my credit card on file and to charge my credit card an amount not to exceed the current unpaid balance of my account, including no-show and late cancellation fees. I have the right to request my credit card to be removed via written or verbal request, although I understand that having a credit card on file is required for services provided via telepsychology.

This authorization expires 6 months from the date of our final therapy session.

 Signature

 Date

 Printed Name

