



CREDIT CARD AUTHORIZATION FORM

Hope & Outreach Therapy Services, LLC requires you to provide your credit/debit card information on file with us so we can automatically charge any co-pays, co-insurance, deductible amounts, and professional service charges such as late cancellation or missed appointment charges. It is the client's responsibility to keep cards accurate and up to date. We store financial information and other protected health information in an encrypted, HIPAA compliant site - <https://myproviderlink.com/>

Payment is required at the time of service. We provide regular statements for your account balance via mail/email or through the provider link account. You may pay your balance in session with your therapist, online via your provider link portal or by check/cash. If balance accrues and no payment is received, we reserve the right to seek payment by any means, including using the credit/debit information we have on file, retaining the collection agency, and taking legal action in court. We may be willing to work out a client payment plan that includes a reasonable period for resolving the balance. If the client's balance remains unpaid, we reserve the right to suspend services until the balance is paid in part or in full.

DISCLAIMER :

By signing your name below, you are signing this form electronically. An electronic signature is the legal equivalent of your manual signature on this document.

Name ***

Date ***

Card Type **Visa, Master Card, Discover, AmEx**

Other ***

Card Holder Name ***

Credit Card Number ***

Expiration Date ***

Month/Year ***

Security Code ***

Is this card linked to a Health Savings Account(HSA) or Flexible Spending Account) (FSA)? **{YES/NO}**

Your signature indicates that you have read and understood our credit/debit card and delinquent account policy. You are authorizing Hope & Outreach Therapy Services, LLC to charge the above credit card for ongoing payment toward your balance. You are aware that your information will be saved on file for a future transaction on your account.

I understand that a \$125 fee will be charged for all missed or late canceled (less than 24 hours notice) appointments except for those enrolled with Medicaid or Medicare insurance plans.