

Tracy E. Hill, Ph.D. & Associates LLC

Center Street Center | Mediation & Custody Evaluation Services (MCES)

CREDIT CARD AUTHORIZATION FORM

I hereby authorize my provider (Tracy E. Hill, Ph.D. & Associates LLC, Center Street Center and/or MCES) to keep my credit card number on file and to charge the usual fee for services, plus the additional 3% surcharge for credit/debit use, rendered at the time of service. This is done as a convenience, rather than having to pay by cash or check at each visit. I also understand that per Tracy E. Hill, Ph.D. & Associates LLC policy, I will be charged the usual fee (minus the surcharge) in the event of missed sessions (late cancellations or no-shows) at the would-be time of service. My provider will keep my credit card information on file for the duration of treatment, and at the time of discharge this information will be shredded. I also understand and authorize my provider to charge my card (plus the 3% surcharge) should my insurance be denied or not paid for any reason. The charge may reflect "Center Street Center" on my statement in order to protect my privacy for services. It is my responsibility to update this information with my provider, should my card expire, be cancelled or lost, or should I choose to use an alternate form of payment. I also have the option to authorize a one-time charge to my credit card, though I will have to complete another form if I wish to use my card again in the future.

Type of Card:

American Express _____ Discover _____
Mastercard _____ Visa _____
Other _____

Card Number: _____

Expiration Date (MM/YY): _____

Security Code: _____ (4 digit front/Amex, 3 digit back/others)

My card may be used for charges incurred on my behalf for appointments, assessments, evaluations, and other charges for Center Street Center related to my behavioral/emotional/mental health.

Cardholder Printed Name

Cardholder Signature

Today's Date: _____