

# V&R Behavioral Health Services

---

Dr. Douglas Vaselakos, Psy.D.     Dr. Tracy Robinson, Psy.D.  
700 Ravinia Place - Orland Park, IL - 60462  
Ph. 708.226.0010 - F. 708.226.0040

## Credit Card Consent Form

At V&R Behavioral Health Services, we require keeping your credit card, debit card or HSA card on file as a convenient method to facilitate the settlement of any balance that may be your responsibility. Your credit card information is kept confidential and secure.

I authorize V&R Behavioral Health Services to charge the portion of my bill that is my financial responsibility to the following credit card, debit card or HSA card:

Cardholder Name \_\_\_\_\_

Credit Card Type    VISA     Mastercard     Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

I (we), the undersigned, authorize and request that V&R Behavioral Health Services to charge my card, indicated above, for balances due for services rendered.

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

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_