

# V&R Behavioral Health Services

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## 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 (i.e. copays or deductibles) after we have settled with your health insurance carrier. 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 that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided by V&R Behavioral Health Services.

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 \_\_\_\_\_