

CREDIT CARD AUTHORIZATION

We require a credit card on file for everyone using their in-network insurance benefits. You can use this card for session co-pays and rather than complete a new form after each session, by completing these details you agree that the card will be used for payment the day of each session unless other arrangements are made.

From today's date: _____

I authorize the use of my credit card to cover session co-pay fees with Dr. Allen or one her associates if it has not been already paid by check. I also authorize the use of my credit card to pay for session amounts not paid by BCBSIL up to the amount of \$ 175 for the assessment and \$ 145 after each 45 minute session or \$175 after each 55 minute session with Dr. Sarah Allen or one of her associates.

Card #: _____ **CVV2:** _____

Expiration Date: _____ **Circle:** Visa Mastercard Discover Other _____

CARDHOLDER *Complete all fields below:*

✓ **Full Name (as it appears on card):** _____

✓ **Billing Address (address where statement is mailed):** _____

✓ **City:** _____ **State:** _____ **Zip:** _____

✓ **Area Code/Phone: ()** _____

I _____ (print cardholder name) hereby confirm the above mentioned transaction/s is authorized.

I understand that this transaction is non-refundable & will not be disputed by the card issuing bank.

Cardholder Signature: _____

Above must be signed by cardholder (authorized user).

