Credit Card Authorization Information

As a convenience to you Evansville Psychiatric Associates will keep a credit card authorization on file to fulfill your financial requirements. This ensures timely posting for your financial responsibility due at the time of service. If you have insurance we will bill the amount to insurance first and charge the card when the patient responsibility is posted to your account. Receipts are in the portal and can be provided upon request.

○ MasterCard	○ Visa	○ American Express	○ Discover

Is this an HSA or FSA Card? O Yes O No ***If your card is an HSA, it will be charged for insurance based costs only. If the charge can not be billed to insurance it can not be paid with an HSA and you should consider adding a back-up card.***

Card Number:	CVV:
Card Holder Name: _____ Address: _____Zip:_____ Signature:	Expiration Date:

By signing this agreement I understand the terms and conditions listed above. I also understand that any charges incurred for treatment and are not included with this date's payments will be due at the next billing cycle. A receipt will be sent through the portal upon my request.

Declined charges are subject to fees; Failed payment plans are subject to fees or collections processing. (See Registration paperwork) If you update your card with us or in the portal, we will use the updated encrypted version for this agreement unless you contact us differently.

This Credit Card Authorization can be used for the following patient account(s):

_____ _____ _____

OR----------

O **Check here & sign below for Credit Card OPT-OUT Only:** I understand that all balances are due on date of service or upon receipt of statement. If I opt out of placing a card on file, I understand that I will accumulate missed copay fees and statement fees. I understand that my balance must be paid in full to reschedule. Balances are billed by email only and forward to collections after 3 billing cycles.

Name: _____ DOB: _____

Signature: _____ Date: _____