

CREDIT CARD ON FILE POLICY

At Wayne Behavioral Service, LLC, we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable.

I (we), the undersigned, authorize and request that Wayne Behavioral Service charge my credit card for the balance due that my health plan has identified as my financial responsibility. This authorization relates to all charges not covered by my insurance company for services provided to me by Wayne Behavioral Service. My card will remain securely stored for future use. This authorization will remain in effect until revoked by me in writing.

I authorize Wayne Behavioral Service, LLC to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

American Express Visa MasterCard Discover

Credit Card Number _____

Expiration Date ____ / ____ **4- digit security code/ 3-digit AMEX** _____

Cardholder Name _____

Signature _____

Billing Address _____

City _____ **State** _____ **Zip** _____

I (we), the undersigned, authorize and request Wayne Behavioral Service, LLC to charge my credit 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 to me by Wayne Behavioral Service, LLC.

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

Patient Name (Print): _____

Patient Signature: _____

Date: ____ / ____ / ____