Florida Counseling and Evaluation Services

Credit/Debit Card Payment Consent and Authorization Form and Agreement

In an effort to settle potential outstanding charges on your account, we ask that you complete the following payment authorization form. As with your medical record, this information is kept confidential. Please read this agreement carefully and complete the fields below:

Patient Name _____
Print Last *First* *Middle Initial*

Name on card if different from above _____

I hereby authorize Florida Counseling and Evaluation Services to bill and charge my card for professional services and related fees as follows:

(Please initial)

_____ Charges determined by my insurance company as not covered for services received (including: co-pays, co-insurances, non-covered services, etc.), and missed appointments or appointments canceled with less than 24 hours notice for the amount of **$ 65** for each missed appointment. I further authorize to be responsible for any charges occurred relative to collecting my outstanding debt including, but not limited to dispute fees, chargeback fees, collections costs, etc.

Type of card: VISA ____ MASTERCARD ____ AMEX ____ DISCOVER ____

Is this a health-savings/flexible spending account? YES ☐ NO ☐

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ **Security Number** (on back of card)**:** _____

Card holder's billing address for monthly card statements:

_____
Street/apt/floor *City* *State* *Zip Code*

I indemnify and hold Florida Counseling and Evaluation Services harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on the credit card charge slip. This authorization will remain in effect until such time when a written request to cease charges is received. I understand that credit disputes subsequently ruled as valid by my credit card company will incur a $25.00 fee per dispute, which is my responsibility.

Card holder's signature: _____ **Date:** _____ / _____ / _____