



CREDIT CARD ON FILE

Payments are due at the time of service. For your convenience, in lieu of paying at each session, you may opt to have New Milford Counseling Center charge your payments once per month, at the beginning of the month. You may keep a credit card on file with New Milford Counseling Center in order to pay for any copays, co-insurance, deductibles, no shows/late cancellations or out of pocket expenses that accrue in the previous month. All credit cards will be charged at the beginning of each month when patient statements are mailed out. Please be aware that we will not notify you of credit card being charged ahead of time, but you will receive a paid statement as a receipt by mail if your credit card is charged. Your credit card will be stored in a HIPAA compliant electronic health system and this document will be safely destroyed.

Please check the box and sign below:

Please charge my card for all balances in full that accrue each month (30 days). Charges will be made at the beginning of each month.

Client name: _____

Card Holder Name: _____

Credit Card Number: _____

Expiration Date: _____

Billing Zip Code of Credit Card: _____

Security Code (3 digits on back of card, 4 digits on front if AmEx): _____

Card Holder's Signature: _____

Date: _____

I understand that by signing above, I am authorizing New Milford Counseling Center to charge my card in the manner indicated by my initials above. These balances may include co-pays, co-insurance amounts, out of pocket payments, deductibles, so show or late cancel fees. I understand that New Milford Counseling Center will mail me a printed statement as proof of payment.