



PRE-AUTHORIZATION HEALTH CARE FORM

I authorize Denise DeNicolo to keep my signature on file and to charge my account for:

- Balances of charges not paid by insurance within 90 days for each transaction for one of the following:
 - This visit only, dated _____
 - All recurring charges while an active patient in this practice.

I understand that this form is valid for four years unless I cancel the authorization through written notice to the health care provider. I give authorization to charge my credit card for therapy sessions and other services not covered by my insurance.

Client's Name _____

Contact Phone: _____

Card Holder's Name _____

Card Holder's Billing Address:

City _____ State _____ Zip Code _____

Visa MasterCard Account # _____

Signature _____

Expiration Date: ____/____/____ *CSC: _____ *CSC is the last three digits in the signature area on the back of your card.

Email: _____ (to notify you of each transaction charged to your account)

You will receive an email of charges made to your card. An itemized invoice provided upon request.

Questions & Answers About Credit Card Pre-Authorization

- Q. May I set a limit or a ceiling for the amount my health care provider can automatically bill per charge (charges are usually done on a monthly basis)?*
- A. Yes. Just indicate the maximum amount in the appropriate section of the form.
- Q. Can my provider charge my account for amounts or time periods not specified on the form?*
- A. No. Your provider is only authorized to bill your account up to the maximum amount ~ during the specified time period that you indicate on the form.
- Q. Will I receive a statement or receipt for the charges automatically billed to my card?*
- A. You will receive an email of each charge directly from your provider's credit card service. Therefore, it is important that you provide a current email address. An itemized invoice will be provided upon request.
- Q. What types of services may I use pre-authorized payment?*
- A. The pre-authorized payment will cover therapy visits, cancellation fees, and other services provided by your therapist.
- Q. How does the pre-authorization payment procedure work?*
- A. It starts when you fill out the Pre-Authorization Health Care Form with your provider to bill for fees not covered by your insurance company (deductibles, co-pays, administration fees, court appearances & missed appointment fees). This can be for one visit or recurring visits.