

Pre-Authorized Payment Health Care Form

If you would like to use your credit card for payment of fees, please fill out the information below.

I authorize _____
(Provider Name)

To keep my signature on file and to charge my account for:

1. Balances of charges not paid by insurance within 90 days and not to exceed \$ _____ for:
__ this visit only
__ all visits this year
2. Recurring charges (on-going treatment) of \$ _____ every _____ from _____ to _____ .
(frequency) (date) (date)

I understand that this form is valid for 4 years unless I cancel the authorization through written notice to the provider.

Patient's name _____

Card Holder's Name _____

Card Holder's Address _____

City _____ State _____ Zip _____

VISA MasterCard Discover Account # _____

Signature _____ Exp. Date ____/____/____ CVV Code _____

QUESTIONS & ANSWERS ABOUT CREDIT CARD PRE-AUTHORIZATION

Q. What is the pre-authorized payment procedure?

A. It's a convenient payment method in which you authorize your provider to automatically bill your credit card account for charges not covered by your insurance, or for recurring treatments. All charges must be in accordance with your agreement.

Q. May I set a limit or a ceiling for the amount my health care provider can automatically bill?

A. Yes. Just indicate the maximum amount in the appropriate section of the form.

Q. Will I receive a statement or receipt for the charges automatically billed to my card?

A. You will receive a copy of the Pre-Authorized Health Care Form from your provider. All authorized charges will appear on your monthly statement, just like any purchase.

As stated on the Electronic Payment Communications Disclosure, your credit card company may send you receipts for payment by email or text message. These receipts will include your therapist's name, and would indicate that you have paid for a therapy session. It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are

unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to.

Q. How does the pre-authorized payment procedure work?

A. It starts when you fill out a Pre-Authorized Health Care Form for your doctor or provider, along with your insurance paperwork. This form works in two ways:

- The form can be used to specify that insurance payments are to be made directly to your provider. Once your health care provider receives payment from your insurance company, he/she will bill your credit card account automatically for any fees not covered by your insurance, including deductibles and co-payments.
- Or use the form to automatically bill your credit card account for recurring visits. Simply specify the amount, frequency and treatment dates on the form.

ELECTRONIC PAYMENT COMMUNICATIONS DISCLOSURE

If you wish, you may pay fees electronically – using a credit, debit or HSA card. Our secure platform, Jituzu can accept many forms of payment.

Please Be Aware of the Following:

We have a duty to uphold your confidentiality, and thus we wish to make sure that your use of the above payment services is done as securely and privately as possible.

After using any of the above services to pay your fees, that service may send you receipts for payment by email or text message. These receipts will include your therapist's name, and would indicate that you have paid for a therapy session.

It is possible the receipt may be sent automatically, without first asking if you wish to receive the receipt. We are unable to control this in many cases, and we may not be able to control which email address or phone number your receipt is sent to.

So before using one of the above services to pay for your session(s), please think about these questions:

- At which email address or phone numbers have I received these kinds of receipts before?
- Are any of those addresses or phone numbers provided by my employer or school? If so, the employer or school will most likely be able to view the receipts that are sent to you.
- Are there any other parties with access to these addresses or phone numbers that should not be seeing these receipts? Would there be any danger if such a person discovered them?

In addition to these possible emails or text messages, payments made by credit card will appear on your credit card statement as being made to your therapist's. Please consider who might have access to your statements before making payments by credit card.

Health Savings Accounts and Flexible Spending Accounts

If you are using a Health Savings Account (HSA) or Flexible Spending Account (FSA) payment card, please be aware that even if your payment goes through and is authorized at the time that we run your card, there is a possibility that your payment could later be denied. In the event of this happening, you are responsible for ensuring that full payment is made by other means.

