



Credit Card On File Agreement

We have implemented a policy which enables you to maintain your credit card information securely on file with Bright Hearts Counseling (BHC). In providing us with your credit card information, you are giving BHC permission to automatically charge your credit card on file for your (or any other patient(s) you have listed on this form) co-pays/co-insurance, outstanding balances, services, and/or products.

Co-Pays/Co-Insurance: Co-pays and co-insurances are due at the time of the office visit. You may still choose to make your payment by check, cash, or a card different from the credit card on file.

Outstanding Balance: If your insurance provider has paid their portion of your bill (or any other patient(s) you have listed on this form) and there is still an outstanding balance owed, BHC will notify you via phone, mail and/or email. If the balance is not paid in full within 5 days of the notice, at that time, any balance owed will be charged to your credit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Services and Products: Self Pay services and other fees are due at the time of the office visit.

This card will only be authorized for the use of the credit card holder or any person(s) listed below by the credit card holder. **This agreement will expire upon termination of services and settlement of final balance.** The card holder may also revoke this consent at any time in writing while understanding that continued services may not be available if an unpaid balance accrues.

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/>
Name on Credit Card: _____ Expiration Date: _____ <div style="text-align: center; font-size: small;"><i>(Please Print)</i></div>
Credit Card # _____
Billing Zip Code: _____ CVV# (on back of card): _____
<p style="text-align: center;">Please fill out your billing address associated with this card.</p> Street Address: _____ Apt.,STE.,BLDG: _____ City: _____ State: _____ Zip Code: _____

Credit Card Holder's Signature: _____ Date: _____