Credit Card
Pre-Authorization Form

Patient Name: _____ Date: _____

Patient DOB: _____

Patient Address: _____

The undersigned Patient/Cardholder hereby authorizes Bearden Behavioral Health, to obtain payment of fees for services from the Patient/Cardholder's Credit Card account identified below. Bearden Behavioral Health may charge the account for missed appointments *(minimum of 24 hours cancellation notice is required)*, without requirement of the Patient/Cardholder's signature for each payment. A receipt of the transaction will be mailed to the address provided by the Patient/Cardholder above.

By signing this form, the Patient/Cardholder acknowledges and agrees as follows:

- *This signed form is confidential and will be kept on file at Bearden Behavioral Health.*
- *The Patient/Cardholder authorizes Bearden Behavioral Health to automatically charge the below-referenced Credit Card any remaining balance on the above-named patient's account (including copays, co-insurances, deductibles or missed appointment fees).*
- *The Patient/Cardholder certifies, warrants and represents that the Cardholder named above agrees to pay the credit charge(s) in accordance with the agreement described above.*
- *Credit Card payments will appear on your statement as Bearden Behavioral Health.*
- *If the Patient/Cardholder fails to dispute a charge within 30 days from the time the Credit Card is charged, the Patient/Cardholder agrees that the charges are valid and agrees not to dispute said charges.*
- *This authorization will remain valid for 12 months and will automatically renew on an annual basis, unless revoked in writing with 30 day notice of revocation.*
- *This authorization serves as agreement for receipts to be noted "signature on file" when charged.*

PLEASE CIRCLE ONE: Visa MasterCard American Express Discover

Name on Card: _____

Credit Card #: _____

CVV Number: (3 digits on back of card – AMEX (4 digits on front): _____

Expiration Date: (Month/Year): _____

Printed Name of Authorized Signer: _____

Patient/Cardholder Authorized Signature: _____