

# NAPERVILLE CLINICAL ASSOCIATES

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## VISA/MASTERCARD/DISCOVER AUTHORIZATION FORM

I authorize NAPERVILLE CLINICAL ASSOCIATES to process payments on my VISA or MASTERCARD or DISCOVER for my sessions at NCA (for copays, co-insurance amounts, failed appointment/late cancellation charges and outstanding balances).

I understand that if my card declines, NAPERVILLE CLINICAL ASSOCIATES may put my VISA or MASTERCARD or DISCOVER through on another day when funds become available.

I also understand that this will in no way compromise my ability to dispute a charge or question my insurance company's determination of payment.

### CIRCLE ONE:

VISA

MASTERCARD

DISCOVER

\_\_\_\_\_  
Provider (Doctor's) Name

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date (Month/Year)

\_\_\_\_\_  
Security Code (3-digit on back of card on signature line)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date