

**NAPERVILLE CLINICAL ASSOCIATES**  
1288 Rickert Drive, Suite 300      Naperville, IL 60540

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**VISA/MASTERCARD/DISCOVER  
AUTHORIZATION FORM**

I authorize **NAPERVILLE CLINICAL ASSOCIATES** to process payments on my **VISA, MASTERCARD or DISCOVER** for my sessions at NCA (co-payments, 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, 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**

\_\_\_\_\_  
**Security Code**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**