

# Naperville Clinical Associates

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## Visa/Mastercard/Discover Authorization Form

To improve the efficiency of the patient payments, we require our patients to leave credit card information and change authorization. This is similar to policies of most hotels and car rental companies. Your credit card information will be held securely to the standards of federal guidelines that protect against identity theft.

When your insurance company has paid its portion of your bill, your portion (the coinsurance or deductible) will be charged to your credit card. Our billing usually closes on the 20<sup>th</sup> of the month. Your card will be charged at that time for any outstanding balances. We will bill your card for failed appointments or late cancellations on the date of the appointment. Please be reminded that we are not responsible for any debit card charges if you choose to register a debit card instead of a credit card. Balances over \$250 will be discussed with you in advance.

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. This policy will in no way compromise my ability to dispute a charge or question my insurance company's determination of payment. Initial: \_\_\_\_\_

I authorize NAPERVILLE CLINICAL ASSOCIATES to charge any outstanding charges for my sessions at NCA (for copays, co-insurance amounts, failed appointments/late cancellation charges and outstanding balances). Initial: \_\_\_\_\_

Card Type:  Discover  Mastercard  Visa

Doctor's Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name on Card (please print): \_\_\_\_\_

Card Number (without the last 4 digits): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Zip Code where billing statements are mailed: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete the following information which is stored separately for your security

Name on Card (please print): \_\_\_\_\_

Last 4 digits of credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (on back of credit card): \_\_\_\_\_