

To My Patients

Effective 2/15/2012 I will begin accepting credit card (health savings account and debit card) payments with the following logos: Visa, Mastercard and Discover. I do NOT take American Express. The minimum amount that can be accepted is \$40 per transaction. To use this form of payment for your patient responsibility you need to either:

1. Fill out the authorization form below with all the information legibly printed. This will allow your monthly balance, after insurance payments to be paid via your credit card. Instead of receiving a bill you will receive a statement marked PAID.
2. For a one- time payment via credit card here in the office, you need to ask me for a 3 part form, complete and sign it legibly and indicate: who you are paying for, and what you wish the payment applied to (i.e. your copay(s), outstanding balance etc.). If nothing is specified the oldest charge will be designated.
3. If you receive a statement, you may call my billing office at the number on the statement or above and give the required information and authorization by phone to the office. The best times to do this would be Mon-Friday 9:30am-3:30pm.

VISA/MASTERCARD/DISCOVER AUTHORIZATION AND PROCESSING FORM

MINIMUM CHARGE AMOUNT IS \$40

PLEASE PRINT ALL INFORMATION REQUESTED BELOW

I, _____ authorize Anne Westcott, LICSW, to submit charges for services
(CARDHOLDER NAME)
rendered to myself and/or _____ (family members) to my

(Circle One) VISA MASTERCARD DISCOVER

CARD NUMBER (16 DIGITS) _____

EXPIRATION DATE (Month/Year) ____ / ____

CVV Code (3 digits on back of card) _____

Address for Credit Card Statements:

Number Street Name

City

State

Zip code

I understand that charges will be submitted to cover my balance after insurance to cover my deductible responsibility, and/or co-pay or co-insurance responsibility. To meet the minimum amount I agree to pre-pay enough co-pays to satisfy the minimum. I have the right to receive a receipt which itemizes what was charged to my account. This authorization will be in effect until I notify Anne Westcott LICSW, in writing, to discontinue the use of this card.

(CARDHOLDER SIGNATURE)

(DATE)