



CREDIT CARD PAYMENT AUTHORIZATION FORM

New Day Counseling has instituted a new policy that will require your credit card to be held on file in the event that there is an outstanding balance owed on your account due to health insurance payments or no-shows (we do require 24 hours notice of your cancellation prior to your appointment time). This will not alter or modify the current process in which your insurance company will process your claim, pay their portion, and notify us of the total patient responsibility. At that time, balances of \$10 or less will be charged immediately. In the event that the balance is greater than \$10, you will receive a statement from us with your remaining balance. At that point, you will have 30 days to contact us to arrange for payment. If, after 30 days has elapsed and no payment has been made, your credit card on file will be charged the balance owed.

This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment. You are always encouraged to contact your insurance provider to confirm your benefits before your visit if there are any questions on your behalf as to what they will and will not cover.

Please Complete the Information Below:

I, _____ authorize New Day Counseling to charge my credit card account for any outstanding balances owed on my account.

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Credit Card Account Type (please select one):

Visa MasterCard AMEX Discover

Cardholder Name: _____

Account Number: _____ Expiration Date: ____/____/20____

CVV2 3 Digit Visa/MC or 4 Digit Security Code AMEX: _____

Signature: _____ **Date:** _____

I hereby authorize the above named business to charge the credit card provided in this authorization form according to the terms as outlined and agreed to above. I hereby agree to hold New Day Counseling harmless for any charges made to my account for the services rendered, and in the event that I do not agree with any charges, I hereby agree to contact my insurance provider to resolve any conflicts before contacting New Day Counseling regarding any charges that I believe to be incorrect.