

# Maggie Alexander, PMHNP-BC

3095 SW 118th Ave Beaverton, OR 97005 p. 503-523-9629 f. 530-992-6625

## CREDIT CARD AUTHORIZATION FORM

**Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time.**

I, \_\_\_\_\_ on behalf of \_\_\_\_\_, authorize Maggie Alexander, PMHNP to charge my credit card for professional services rendered to myself or my child as follows:

Please Initial Where Appropriate:

\_\_\_\_\_ Recurring charges for services in the amount of \$ \_\_\_\_\_

Per Visit

Per month on the \_\_\_\_\_ day of each month per our signed payment arrangement plan

\_\_\_\_\_ I understand and agree that my card will be charged the full fee of the scheduled appointment for cancellations with less than 48 hours notice and for appointments I miss without notice as agreed to in the office policies I signed.

\_\_\_\_\_ I understand and agree that my card will be charged for balances of charges not paid by me or my insurance as outlined in the office policies I signed (all visits, phone calls, letters, emails, and consults).

\_\_\_\_\_ I understand this form is valid until I cancel the authorization in writing. I will not dispute charges ("charge back") for sessions I have received or appointments I missed according to the above policy. I further understand that I am responsible for updating my credit card information in the event that it should change, and that I am responsible for any fees incurred for a declined credit card transaction.

\_\_\_\_\_ I understand and agree that my card may be charged without me being present and that a receipt of payment will be sent to me within 48 hours of charges being placed on my card.

**Charges will appear on your credit card statement as Maggie Alexander, NP**

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as Printed on Card: \_\_\_\_\_

Verification/Security Code (the 3-digit code on back of card by signature line): \_\_\_\_\_

Billing Address (Street, City, State & Zip): \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_