**Spirit of Peace Clinical Counseling**

Main Office: 1170 Old Henderson Road

Columbus, OH 43220

Tele: 614-442-7650 Fax: 614-442-7656

**AUTHORIZATION FOR CREDIT/DEBIT CARD**

**PAYMENTS FOR SERVICES**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Spirit of Peace Clinical Counseling (SOPCC) and/or its billing services group, Practice Management Solutions (PMS), to charge my credit/debit card for services rendered to myself and/or the clients listed below. In providing us with your credit/debit card, you are giving SOPCC and PMS permission to automatically charge your card on file for the following fees and balance(s) for you and/or other clients listed on this form at the time of service.

**Co-pay/Co-insurance/Deductible:** The amount defined by the client’s insurance company for behavioral health services that are due at the time services are rendered.

**Self-Pay Fees:** The clinician’s fee for service when insurance and/or employee assistance programs do not apply.

**No Show and Late Cancellation Fees:** The fee listed in the clinician’s Disclosure Statement for **non-emergency** appointment no-shows or cancellations without 24 hour notice.

**Outstanding Balance:** If the client’s insurance provider has paid their portion of the bill and there is still an outstanding balance owed, Spirit of Peace Clinical Counseling will send a balance statement to the client/guarantor/responsible party’s address on file by regular mail and/or provide the client with a statement in session. If we do not receive a response or payment in full within **30 days** of the statement date, any balance owed will be charged to this credit/debit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question the insurance company’s determination of payment.

I authorize SOPCC and/or PMS to charge the above fees and outstanding balance(s) to my credit/debit card**: Visa** \_\_\_\_  **MasterCard** \_\_\_\_\_ **Discove**r \_\_\_\_ **American Express** \_\_\_\_

Credit Card# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

Security Code: \_\_\_\_\_\_\_\_\_\_\_ Card Holder’s Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

If you wish to leave this credit/debit card on file for other clients, please print the name(s) below:

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_