HEALTHY SYNERGY
psychological services

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301-569-6326 (office)
301-569-6329 (fax)
www.healthysynergypsych.com

Credit Card Policy

Client Name: _____

At Healthy Synergy Psychological Services, LLC, we request a credit card be kept on file to be used as a method of payment for sessions (for out-of-network clients) or balances not covered by your insurance plan and any differences resulting from the amount billed and the amount covered (e.g., copays, deductibles). This form is not required. By signing this credit card authorization, you are allowing us to charge any balance due on the date of service and/or past due 30 days.

Name on credit card (exactly as it appears on card):

_____

Credit Card Number:

_____

Expiration Date:

_____

CVV Number on the back of the card:

_____

Billing Address (including zip code):

_____

_____

Phone Number: _____

I authorize Healthy Synergy Psychological Services, LLC (HSPS) to charge my credit card for services provided. I also understand that I may continue to pay on a weekly basis by check or cash if I prefer. I understand that HSPS will keep my credit card information on file and that it will be kept confidential and secure.

_____ _____

Signature **Date**