



## Credit Card Authorization

I, the undersigned, authorize the Mind Health Institute, Newport Beach (MHI-NB) or Mind Health Institute, Laguna Beach (MHI-LB) to charge my credit card for all appointments in which I do not provide an alternative payment or in the event that I (or the party for whom I am financially responsible) fail to attend a scheduled appointment, or do not notify my provider at least 48 business hours advance notice for a cancelled appointment, as agreed to in the 'Consent for Evaluation & Treatment / Practice Policies' document. Furthermore, for outstanding payments of services rendered, I authorize charges to my credit card for the full amount due. I agree not to dispute charges for any of these reasons and understand that clinical information may need to be released if a dispute is initiated. I further authorize my provider at MHI-NB or MHI-LB to disclose information about my attendance and/or cancellation to my credit card company if I dispute a charge. This form will be securely stored in a clinical file and may be updated upon request at any time.

### **PRIMARY CREDIT CARD INFORMATION** (may be HSA):

Type:            Visa            MasterCard            AMEX            Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification/Security Code: \_\_\_\_\_

Full Name (as printed on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Patient or financially responsible party)*

### **SECONDARY CREDIT CARD INFORMATION:**

Type:            Visa            MasterCard            AMEX            Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification/Security Code: \_\_\_\_\_

Full Name (as printed on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Patient or financially responsible party)*

**\*Your credit card will be charged if any of the following conditions apply:**

- Participation in treatment (including phone or telemedicine sessions) without payment rendered
- Other services provided such as writing letters/reports, legal proceedings, collateral care, etc.
- Extensive phone calls that require clinical decisions & support lasting more than a few minutes
- Cancellation less than 48 business hours in advance
- No-show for a scheduled appointment