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[www.behavioralwellnessgroup.com](http://www.behavioralwellnessgroup.com)

## **CREDIT CARD AUTHORIZATION FORM**

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ Zip Code \_\_\_\_\_

CARD NUMBER (LAST 4 NUMBERS): \_\_\_\_\_ Visa M/C Disc AmEx EXP. DATE: \_\_\_\_\_

SECURITY CODE (ON BACK) \_\_\_\_\_

**The Behavioral Wellness Group has my authorization to charge my card for balances not covered by insurance and for which I am personally responsible.**

I hereby authorize The Behavioral Wellness Group to keep my debit or credit card or bank account information (as indicated above) on file for payment and to **initiate appropriate payment entries against the above referenced debit or credit card or bank account, as applicable, as amounts are owed by me on the Patient Account listed above.** I acknowledge that the initiation of all such entries to make payments on the Patient Account listed above must comply with the provisions of U.S. law and any applicable state laws. I understand and agree that these entries may be made to my debit or credit card or bank account, as applicable, periodically to pay amounts owed by me on the Patient Account listed above. I also agree to notify The Behavioral Wellness Group if my debit or credit card, or bank account information (as indicated above) changes for any reason. This authorization shall remain in effect until the "End date of authorization" listed above or until I communicate to The Behavioral Wellness Group my intention to cancel this authorization by calling The Behavioral Wellness Group at (440) 392-2222 or writing to The Behavioral Wellness Group at 8224 Mentor Ave. #208 Mentor OH 44060. **In the event of a returned ACH or a declined charge, my account will be charged a \$10.00 service fee for each occurrence.** I acknowledge receipt of a copy of this authorization form.

I do not need notice prior to assessing my card

I wish to be given 24-hour notice prior to assessing my card via

(select only one)

phone call at the following number: \_\_\_\_\_

email at the following email address \_\_\_\_\_

CARDHOLDER SIGNATURE: \_\_\_\_\_

*Please note credit cards are processed under the name of **Cayan**.*