2024 Credit Card Authorization Form for Automatic Payments

Payment is Required Before Services are Rendered **NO EXCEPTIONS**

Due to the increased demand of mental health services, our office requires that a credit card be kept on file for payment of any co-pays, coinsurance, deductible, No-Shows or any charges that may not be covered by your health insurance. This form will be kept confidential and the only details that can be seen by our office staff and provider are the last 4 digits of your credit card on file.

When will your account be charged for Payment? Check-in procedures are performed 1 business day prior to your scheduled visit so that patients know what their financial responsibility will be. Please be advised that payment for your Tele-Medicine visit will be processed 24 hours/1 business day prior to your appointment (For Monday appointments, patient's will be check-in on Friday or the previous business day).

How to cancel your appointment: To cancel an appointment, patients must notify the office no later than 1pm the day prior to their scheduled appointment. For appointments on Monday patients have until 1pm on Friday to cancel without penalty. Please text, call or leave a voicemail to cancel your appointment; our system has a time stamp for each option so that patients are not charged when they cancel within the proper timeframes. A No-Show Fee of $150 will be charged to the card on file for any missed or failed appointments.

Fee for Services: As of January 1, 2024, our rates for self-pay patients have increased. New Patient Intake is $400; Establish Patient Follow-up visit is $200. Patient's with BCBS insurance will be charged the contracted rate for service to include any copays, coinsurances, and deductibles.

By your electronic signature on this form, you authorize charges to your credit card through Stripe via IntakeQ for all mental health services rendered and for any additional uncovered services provided to you by Fermo Psychiatric Solutions. You have the right to request a paper copy of this document. I authorize Fermo Psychiatric Solutions, Inc. to charge my credit card through Stripe. CANCELLATION POLICY: I also agree that my credit card can be charged for any session that is not cancelled at least 24 hours prior to the scheduled session. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fermo Psychiatric Solutions, Inc. in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company as long as the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

Client Signature	Date
Witness Signature	Date