

# CREDIT CARD AS FORM OF PAYMENT CONSENT, TERMS, AND CONDITIONS

The office of Christine Wilke, Ed.S, LMFT accepts Visa, MasterCard, and Discover Credit, Debit, FSA, and HSA Cards as form of payment for Therapy Services. If you choose to set up recurring payments -

Following are the terms of use and information regarding the protection of your private and credit information as well as practice policies regarding the use of credit cards.

**Please Read and Sign indicating that you agree with these terms and conditions.**

## **SECURITY-WHO GETS MY INFORMATION?**

- Payment card information is stored using a Secure Online System called Office Ally, an online integrated billing and payment system managed by TransEngen.
- TransEngen uses a highly secure gateway called MAAS Global Intellevate, which provides the most secure transmission of information. It is PCI Compliant and meets the highest level of encryption and security requirements.

## **PAYMENTS and PRACTICES**

If you choose to use this service:

- I will collect your credit card information either at the time of our initial telephone screening or in person when we meet for Intake.
- Your credit card information will be stored along with your intake information with Office Ally.
- We can discuss frequency of payment. This can be done manually each week, or set up to automatically charge your card weekly or biweekly, if you have regularly scheduled appointments. All charges are made after the therapy session is provided.
- By providing your credit card information you are giving me permission to charge your credit card according to the agreed upon frequency.
- Your card will be automatically charged if there is an overdue balance for more than 30 days from date of service. These amounts match the “patient’s responsibility” amounts as determined by your insurance company and are reflected on the explanation of benefits (EOB) from your insurance company.
- Receipts can be emailed or mailed to you upon request.
- It is your responsibility to insure that I have your current and active email address.
- No Show/Last minute cancellation Policy: If you No-show for your scheduled appointment or cancel at the last minute, you will automatically be charged a \$50.00 No-show fee.

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SIGNATURE

DATE

### Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. You will be charged the day of your therapy appointment unless other arrangements have been made. The charge will be made under the name **CHRISTINE WILKE**.

Name of Client \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express,(AmEx) <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____ ZIP CODE _____
CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx) _____

I authorize CHRISTINE WILKE to charge this credit card for professional services and associated charges as agreed above. These charges may include:

Co-pay and/or co-insurance for session: \$ \_\_\_\_\_

Self-pay for session or payment for session not covered due to deductible: \$ \_\_\_\_\_

Charge for cancellation without 24 hours' notice or no show: \$50

Other charges [specify]: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Signature of Authorized Credit Card User:

\_\_\_\_\_ Date: \_\_\_\_\_