

Responsibility for Fees & Credit Card Authorization Form

Client Name _____

1. I understand that this card will only be used to receive payment for charges due PeoplePsych for the below named client, in accordance with agreements made in these forms. I agree to pay the charges for which I am billed.
2. I hereby acknowledge that I am personally liable for all fees for services performed on my behalf by PeoplePsych LLC ("PeoplePsych"). These fees include full session charges for those without insurance; charges passed on to the client from the insurance company (if applicable) including deductible and co-pay charges; all unreimbursed insurance claims; and charges related to our cancellation policy.
3. I understand that if I am using insurance: While PeoplePsych will submit claims on my behalf to health insurance companies where possible, I am fully liable for such charges that are not paid in a timely manner by the insurance company. I irrevocably agree that any bill that remains unpaid 30 days after submission may, at PeoplePsych's sole option, be charged to my credit card.
4. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank, my credit card company, or Jane 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.
5. This credit card authorization is kept on file for billing purposes. I understand that while I must keep a card on file, I can change the card as needed.
6. I hereby authorize the credit card company of the card(s) I supply to recognize and approve charges submitted by PeoplePsych. I certify that the card uploaded is issued to me, and/or that I am an authorized signatory on the account; and that said card is currently valid. I further agree to maintain and keep on file with PeoplePsych a valid credit card at all times.

Name on Credit Card _____

Type of Card (circle one): **VISA** **MasterCard** **AMEX** **Discover**

Credit Card No. _____

Expiration Date _____ CVC* No. _____ Billing Zip Code _____

Authorization Signature: _____ Date: _____

Print Name: _____

*CVC: A Card Verification Code, or CVC, is a number that provides extra security to credit and debit card holders, in case an unauthorized person gets a hold of your account number. CVCs are one way to make sure someone has the actual card in his or her possession.

The CVC on American Express cards is four digits, and is located on the front of the card, on the right side. Discover, MasterCard, and Visa use three-digit CVCs, which are listed on the back of the card. The CVC is the last three digits of the number that appears on your signature bar.