

Patient Name			Date of Birth		
	Recurring Cred	it Card Payment Au	thorization		
file within an Electronic Health I agree to contact the site within	med above as the invoices ar Record System (EHR) for futur 24 hours to provide the secu d not process; I am voluntarily	re generated. I unde re transactions on my rity code (CVV) listed suspending services	rstand that my credit co account. If the credit co d on the back of the cre	ard information will be saved on ard is updated in writing, I	
Name on Card		Billing Addre	Billing Address		
Card Number	Exp. Date	City		State Zip	
and that I will not dispute the so indicated in this authorization for	cheduled payments with my coorm. I understand that billed s	redit card company services will be subje	provided the transaction ect to the parameters a	uthorized user of this credit card ons correspond to the terms greed upon between myself and f this agreement and understanc	
these policies.					



Insurance Submission Authorization Do you have insurance? ☐ Yes ☐ No Would you like us to bill your insurance? ☐ Yes ☐ No Even if you do not plan to ☐ Yes ☐ No Is CIGNA your primary insurance? ☐ Yes ☐ No use your Medicare benefits, are you currently enrolled in Medicare Part-B? If you would like us to submit insurance claims on your behalf, please read the following, attach a photo of the front and back of your insurance card, and sign below. Otherwise, you may skip this section. This document authorizes the staff of The Clinic to automatically submit electronic claims to the patient's insurance company for charges associated with the treatment of the patient named above. The undersigned acknowledges that The Clinic may be an out-of-network provider and in such cases is submitting claims as a courtesy service. The undersigned takes full responsibility for following-up with insurance company regarding payment. Payment will be sent directly to the insured. I understand that billed services will be subject to the parameters agreed upon between myself and my treating clinician and outlined in the "Policies and Procedures Agreement." I have received a copy of this agreement and understand these policies. Insurance card Insurance card (front) (back)

Date

Signature of Insured