

# SPEECH PATHWAYS, P.C.

## CREDIT CARD AUTHORIZATION

**Speech Pathways offers the convenience of leaving a credit card on file to handle all copays and any applicable fees regarding your therapy. If you are interested in utilizing your credit card as a consistent form of payment, please fill out the section below and notify the receptionist you have done so. Thank you.**

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*I authorize Speech Pathways, P.C. to keep my signature on file and to charge my account for balance of charges not paid by insurance within 60 days and not to exceed \$\_\_\_\_\_.*

- Circle one:**    *American Express*                      *Visa*                      *MasterCard*
- \_\_\_\_\_ This visit only
- \_\_\_\_\_ All visits this year
- \_\_\_\_\_ Co-payments
- \_\_\_\_\_ No show or late cancellations charges
- \_\_\_\_\_ All visits from \_\_\_\_\_ to \_\_\_\_\_
- \_\_\_\_\_ Recurring charges of \$ \_\_\_\_\_
- Circle one:**    *monthly*            *weekly*
- \_\_\_\_\_ All the above

I understand this form is valid for one year unless I cancel the authorization through written notice to the health care provider.

Client's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Account #: \_\_\_\_\_

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