

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.

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: _____