

SPALDING CLINICAL SERVICES
1280 Iroquois Ave, Suite #102
Naperville, IL 60563
630-305-0464

Your clinician prefers that all patients have a credit card on file. This conveniently assists in collection at the time of service and minimizes the need for other billing. Account numbers are kept secure. At any given visit you may choose to pay by cash, or check, or defer to the credit card on file.

Your cooperation is much appreciated.

VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS
Authorization Form

I authorize my clinician and their office staff to process payments on my credit card for my balance due for sessions with my clinician (for copays, co-insurance amounts, deductibles, and for missed appointment and late cancellation charges).

I also understand that I may revoke this agreement in writing at any time.

___ Credit Card (VISA, MC, AMEX, or Discover) ___ HSA ___ Flex Card

Patient Name

Address

Cardholder Name

City/State/Zip

Card Number

Month Year
Expiration Date

3 Digit Code on Back (These numbers are found on the back of your card after the card number - on the signature line.)

Signature

Today's Date

Note(s): _____

For office use:

Patient Account # _____ Provider: _____