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Bellevue, WA 98005

The Center for Child Development
Neuropsychological & Therapeutic Services

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CREDIT CARD ON FILE POLICY

As a condition to providing treatment, The Center for Child Development, Inc. will require you to provide a valid credit card number for us to keep on file in order to secure payment for the portion of services that your insurance company will not cover, but for which you are responsible.

Your credit card information will be kept confidential and secure and only authorized staff will have access to the information as necessary to manage your account balance with us. Your supplied credit card will be charged only under the following circumstances:

1. After your claims have been processed by your insurer, and your insurance company determines your responsibility for any amounts due for the services you have received.

2. For all current patient balances, including co-pays, deductibles, co-insurance and charges not allowed by your insurance company (e.g., educational testing).

Authorization:
I authorize The Center for Child Development, Inc. to charge the portion of my bill that is my financial responsibility to the following credit card:

☐Amex ☐Visa ☐Mastercard

Credit Card Number _____

CVV CODE: _____

Expiration Date _____ / _____

Cardholder Name _____

Billing Address for the Credit Card _____

City _____ State_____ Zip _____

I, the undersigned, authorize and request The Center for Child Development, Inc. to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by The Center for Child Development, Inc. This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to The Center for Child Development, Inc. in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____ Date: _____ / _____ / _____