

Psychological Solutions, LLC

Credit Card Authorization Form

I am authorizing Dr. Richard Weisberg and Psychological Solutions, LLC to charge my credit card for any balance due on my account from any services related to my treatment at Psychological Solutions, LLC not covered by my insurance (e.g., co pays, co insurance, deductible, self-pay fees).

However, my card will not be charged unless I select CREDIT CARD as the form of payment on my monthly statement mailed from Psychological Solutions, LLC. It may also be charged should I choose to call in to make a payment on my account. Additional verification information may be requested at that time if I pay by phone.

It is my responsibility to update my records should my card be cancelled or expire.

Further, in the unlikely event that I would dispute these charges, I will not take this action with my credit card issuer without FIRST contacting Psychological Solutions, LLC and attempting to resolve the matter. We will make every effort to work this out with you.

Credit Card: Mastercard Visa

Type of Card: Credit Debit

Credit Card Number:

Credit Card Expiration Date: (e.g. MM/YYYY)

3 Digit Security Code: (located on back of card above the signature; Last 3 digits)

Signature Of Cardholder

Date

Cardholder Name (Printed)