



620 Colonial Park Dr
 Suite 100
 Roswell, GA 30075
 P: 678-439-0017
 F: 678-884-0761

Credit Card on File Consent

Information to be Completed by Cardholder:

The undersigned agrees and authorizes *Psychiatry and Wellness of Georgia* to save the credit card on file as entered into this document or into my electronic health record.

- I authorize *Psychiatry and Wellness of Georgia* to process the credit card as “Card on File”. I understand this authorization will remain in effect until the expiration of the credit card account which will require an updated card to be placed on file. Clients may also revoke this form by submitting a written request to *Psychiatry and Wellness of Georgia* at the address above. If a charge is processed to the card on file and declined, the client will be billed for any fee(s) associated with the decline of the credit card. The card on file will be used to pay for copays, co-insurances, no-show fees, and any other balances due on the client's account. There will not be an invoice sent out prior to the card being charged. The card will be charged for the full amount due, before or after the charge is incurred.
- I understand that if the invoice sent to me prior to my appointment is not paid 24-hrs before my appointment, *Psychiatry and Wellness of Georgia* will charge the amount due to my credit card on file.
- I acknowledge that I am an authorized user of the card being used, or I have been given permission to utilize the credit card. If a fraudulent accusation results because of using this card, *Psychiatry and Wellness of Georgia* will cooperate with the authorities to prosecute any illegal activity. Please make sure you have the permission of the cardholder to use the credit card on file.

Client's Printed Name: _____

Client's Legal Representatives Name: _____

If client is a minor / has a guardian:

Parent / Guardian Printed Name: _____

CREDIT CARD INFORMATION		
NAME ON CARD		
Credit Card Number		
Expiration Date	CVV	Zip Code



620 Colonial Park Dr
Suite 100
Roswell, GA 30075
P: 678-439-0017
F: 678-884-0761

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

Client/ client's LEGAL representative /
Parent or Guardian signature

Date