



ADVOCATE PSYCHOTHERAPY SERVICES

SERVING ALL OF CENTRAL WISCONSIN — TO HELP YOU FIND WHAT'S MISSING

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CREDIT CARD AUTHORIZATION FORM

Advocate Psychotherapy Services, LLC (“APS”) offers this form as part of an **OPTIONAL** request to get your credit card information in order to add the information to your account in our merchant payment and statement processing system (“BillFlash”). If you choose not to do this form, you will receive statements via email (or mail if you want instead) to be handled the typical way for statements / payments that get taken care of on your own rather than automatically.

The card information you can use includes a variety of HSA, Flex, Rewards, or Visa, MasterCard, AMEX, and Discover. Once your card information is entered into BillFlash, whenever we receive a Remittance Advice (i.e. client responsibility information) from your insurance company we will then charge your card accordingly. Furthermore, additional sessions that have money due for deductibles, copays, or coinsurance amounts will be charged to your card as they are processed by insurance.

Your email address will be used to send your statements to you after insurance processes your session(s), and any payments receipts will be emailed to you as well. By paying via credit card, you acknowledge that this credit card information will be kept securely in your individual payer profile in BillFlash. You can modify your profile at any time by creating an account at **MyProviderLink.com** which accesses your information within BillFlash. There, you can view your statements, set up payment arrangements and obtain payments receipts on your own.

*By signing this form, I authorize APS to record my credit card information in BillFlash and to charge my credit card an amount not to exceed **\$250 per charge** for all balances due including any No Show Fees as described in the Informed Consent. This authorization is in effect until I revoke it or my card expires and needs to be updated.*

Signature: _____ Date: _____

Client Name: _____

Email Address: _____

Credit Card Number: _____

CVV Code: _____

Name on Card: _____

Expiration Date: _____

Billing Address:

Street: _____

City: _____ State: _____ Zip Code: _____