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## CREDIT CARD AUTHORIZATION FORM

To add efficiency to the process of service payments, Dr. Weiss requires patients to leave credit card information and charge authorization. My credit card information will be held securely to the standards of federal guidelines that protect against identity theft.

- I authorize Deanna K. Weiss, Psy.D. to process payments on my MASTERCARD, VISA or DISCOVER credit card for my copays, deductibles, missed or late cancel appointments (full fee), co-insurance amounts and outstanding account balances.
- My credit card will be charged for failed appointments or late cancellations on the date of the missed appointment.
- Dr Weiss is not responsible for any debit card charges if I choose to register a debit card instead of a credit card.
- My authorization in no way will compromise my ability to dispute a charge or question my insurance company's determination of payment.
- I understand that if my card is declined, Dr. Weiss may run my fees on my credit card on another day when funds become available.

Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name on Card: (Please print) \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Zip Code where billing statements are mailed: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_