



### Credit Card Authorization

Payment for services is due in full at the time service is rendered. If you are using insurance and have already met your deductible, your co-payment or coinsurance as determined by your insurance provider is due at the time of service. If you have not met your deductible, you will be responsible for payment in full at the time of service until your deductible has been met. Please keep in mind that even if you are using insurance, your case may require services that are not covered, which are to be paid in full at the time of service. These uncovered services may include testing and field visits.

The fee for a one-hour field visit is \$275 within 25 miles of the Young Mind Center. Any distance traveled over 25 miles will be billed at a rate of \$3.50 per additional mile from the office. For example, a visit to a location 30 miles from the office would be an additional 5 miles, and would be a total of \$292.50 (\$275 + (5 x \$3.50)). The fee for a longer field visit increases incrementally at a rate of \$200 per hour.

Our private pay hourly fee is \$200 for appointments and other professional services, and may be broken down incrementally for periods of service less than 50 minutes. These other services may include report writing, telephone conversations over 15 minutes, meeting (e.g., IEP meetings), preparation of records or treatment summaries, and time spent performing any other services you request. If you become involved in legal proceedings that require our participation, you will be charged for our professional time even if one of our doctors is called to testify by another party. Because of the involvement and complexities of legal proceedings, we charge \$400 per hour for legal preparation and attendance.

Please remember that Young Mind Center requires 24 hours' notice if you must change or cancel an appointment. In the event that you must cancel your appointment without providing sufficient notice, your credit card on file will be billed \$50.

You may call Young Mind Center at any time to change the card on file and will be required to submit a new Credit Card Authorization form.

As a courtesy, Young Mind Center will contact you any time your card is charged.

<b>CC TYPE</b>	VISA <input type="checkbox"/>	MC <input type="checkbox"/>	AMEX <input type="checkbox"/>	DISC <input type="checkbox"/>	OTHER _____
<b>CC #</b>				<b>EXP</b>	<b>CVV</b>
<b>NAME ON CARD</b>					
<b>BILLING ADDRESS STREET NUMBER</b>				<b>BILLING ZIPCODE</b>	

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By signing below, I authorize Young Mind Center to charge my credit card on file for services rendered or applicable cancellation fees. I understand that I am responsible for any fees not covered by my insurance company, as well as any applicable cancellation fees. I understand and agree to the policies outlined in this document.

\_\_\_\_\_

*signature of cardholder*

\_\_\_\_\_

*date*

\_\_\_\_\_

*email address*

\_\_\_\_\_

*phone number*