Spence Counseling Center PC
12035 Q Street • Omaha, NE 68137
PH:402.991.0611 • Fax: 402.991.6228 • www.spencecounselingcenter.com

Card on File Agreement

Full Name as shown on credit card: ____

Credit card billing address: __________________________________ **Required - Zip Code:** ______________

Family Members to be added for payment of services: ____

Primary Card Account Number: ___________________________________ Card Expiration: ______________ (MM/YY)

Secondary Card Account Number: _________________________________ Card Expiration: ______________ (MM/YY)

REQUIRED - E-mail address for receipts & decline notifications: ________________________________

______________________________________ ______________________________

Authorized Signature **Date**

I have read and agree with the Billing Rights information below.

Your Billing Rights

I/We hereby authorize Spence Counseling Center to charge this credit card on a weekly, monthly, or as-needed basis for the amounts due for services received and which match the patient responsibility amounts as determined by my insurance company and as reflected on the explanation of benefits (EOB's) the insurance company sends to me. Any overpayments on my account will be credited back to my card. My credit card statements will serve as receipts for payments processed. This designates my Signature on File and therefore it is not required that I sign paper receipts each time. This authorization is to remain in effect until the end date as listed above or until Spence Counseling Center receives written notification from me of its termination. If my bank account or credit card information listed above changes for any reason, I will notify Spence Counseling Center as soon as possible. If you think your charges are incorrect, please provide your name, account number, telephone number, and a brief written explanation of the problem. We will make any necessary adjustments to your account within 30 days. After 60 days all charges will be assumed to be correct.

In the event of a declined charge, your account will be charged a $25.00 service fee for each occurrence.
This decline fee applies to all card declines including HSA cards.

Revised 9/14/2016