



Spence Counseling Center PC

12035 Q Street • Omaha, NE 68137

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Credit Card on File Agreement

Cardholder Name: _____

Credit card billing address: _____ **Required - Zip Code:** _____

Family Members being seen in which this is the payment of services: _____

Primary Card Number: _____ Card Expiration: _____ (MM/YY)

Secondary Card 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.

____ (Initial) I authorize Spence Counseling Center to charge my credit card on a weekly, monthly, or as-needed basis for the amounts due for services received and which match client responsibility amounts as determined by my insurance company's explanation of benefits (EOBs) or your client benefit sheet. 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 Spence Counseling Center receives notification from me of its termination. If my credit card information changes for any reason, I will notify Spence Counseling Center as soon as possible.

In the event of a declined charge, your account will be charged a \$25.00 service fee for each occurrence.