SPEECH & LANGUAGE CENTER
AT STONE OAK

CREDIT CARD AUTHORIZATION

The ***Speech & Language Center at Stone Oak*** offers the convenience of leaving a credit card authorization on file to handle all copays and any applicable fees regarding your services provided by this business.

There may be certain circumstances that would require this form, such as when a person other than the parent brings a minor patient to appointments at this facility, or in cases of outstanding balances on patient accounts. If you are interested in utilizing your credit card for making regular payments, or in situations where you may not be present to take care of these payments, then please complete the information below and notify a staff member.

Thank you.

*I authorize **Speech & Language Center at Stone Oak** to keep my signature on file and to charge my account for balance of charges not paid by insurance within 60 days and not to exceed $_____.*

I understand that I will be notified of amounts charged to my credit card and will be provided a receipt for my payments, including a credit card receipt.

Circle Credit Card Type: *Visa MasterCard Discover*

Credit Card Payments Authorized:
____ This visit only
____ All visits this year
____ Co-payments or cost share amounts
____ No show or late cancellations charges
____ All visits from _____ to _____
____ Recurring charges of $ _____
____ All the above

Circle Payment Schedule: *monthly weekly*

*I understand this notice remains valid for one year unless I cancel the authorization through written notice to the **Speech & Language Center at Stone Oak**.*

Client's Name:_____
Cardholder'sName
(Please Print):_____
Cardholder's Signature:_____
Credit Card Account #: _____
Expiration Date on Credit Card:_____
Date Credit Card Authorization Signed:_____
Signature Witnessed by:_____
Credit Card Authorization Valid Until:_____

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