

Mile High Psychology  
PO Box 38189  
Colorado Springs, CO 80937  
Tel (303) 473-0707  
Fax (303) 473-0005  
www.milehighpsychology.com

## **PAYMENT METHOD AND CREDIT CARD AUTHORIZATION**

### **CREDIT CARD AUTHORIZATION:**

Mile High Psychology (“MHP”) requests that you provide your credit card information below. If you choose to pay by credit card, your credit card will be charged in the amount equal to any outstanding account balance. If you choose to pay by cash or check, your credit card will only be charged if your account is past due and/or for any additional fees you and/or your minor child/ren incur such as late cancellation or no-shows fees. If your credit card does not go through, you do not have a credit card, or you do not wish to provide your credit card information, in the event your account remains past due for sixty (60) days, your account may be sent to collections. MHP reserves the right to send your account to collections, in accordance with MHP’s policies and procedures; at any time after your account is considered past due. By signing this authorization form, you agree to notify MHP of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen, or revoked. A new form must be submitted if information such as the list of authorized users and the credit card account’s expiration date is amended.

**MHP ONLY ACCEPTS THE FOLLOWING CREDIT CARDS: VISA, DISCOVER, AMERICAN EXPRESS, MASTERCARD**

Type of Credit Card:  Visa       MasterCard       Discover       American Express

Name on Credit Card: \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CCV Code: \_\_\_\_\_      Expiration Date : \_\_\_\_\_

Card Holder's Full Address, including zip code (the mailing address for your Credit Card statements):

\_\_\_\_\_

This credit card authorization form will remain in effect and on file at MHP unless revoked in writing or until the therapeutic relationship is terminated, at which time, authorization to charge your credit card will be revoked, unless an outstanding balance remains on your account after termination. MHP will not share your credit card information with any third-party without your consent. Your credit card information will be kept confidential.

Please check one:

Card Holder is the client (or parent/legal guardian) receiving services from MHP.

I hereby authorize MHP to charge the above credit card number for payment of the counseling fees I or my minor child/ren incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above.

\_\_\_\_\_  
Client/Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Card Holder is a third-party payer for the client receiving services from MHP.

I \_\_\_\_\_, hereby authorize MHP to charge the above credit card number for payment of the counseling fees (Client) \_\_\_\_\_ incurs, which shall include late or past due fees or fees related to cancellations or no-shows. I understand that my credit card will be billed in accordance with the authorizations listed above. I understand as a third-party payer that I am only entitled to receive information concerning payment and that this Credit Card Authorization Form does not authorize me to receive any confidential and protected information about Client beyond payment.

\_\_\_\_\_  
Third-Party Payer's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, authorize MHP to communicate with the above Third-Party Payer solely as it may relate to payment for services I receive from MHP.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date