15 Clyde Road, Suite 102
Somerset, NJ 08873
P: (732) 873-5570

31 Dehart Street, Suite 2
Morristown, NJ 07960
C: (732) 507-2417

Credit Card Authorization Form

I, ______________________________ authorize Strides in Psychotherapy (hereinafter "Strides") to charge money owed onto my credit card for treatment rendered to ______________________________________ (hereinafter "client") under the following conditions: (Client's Name)

1) If the insurance company or other third party-payer indicates that it paid the client (and/or their family) for services rendered, and the client (and/or their family), within 14 days of phone, in person, or written request from Strides, has not reimbursed Strides for the money owed.

2) If the client (and/or their family) has not paid the deductible/co-pay/any other fees owed at the time services are rendered unless another arrangement has been reached and put in writing between Strides and that client/family.

3) For any other reason at the request of the client (and/or their family).

4) A 3.5% service fee will be applied to all credit card transactions unless you are using an HSA, HRA, FSA or debit card, since service fees cannot be added to these types of payments.

If a credit card needs to be updated or changed, this form must be completed again for the new card that will be put on file in our office.

By signing below, I am also certifying that the provided credit card is active and able to be used by me for payment of services rendered. If the card is not able to be used by me, I agree to indemnify Strides for any costs and/or damages incurred as a result of said inability.

Which type of card: (HAS, HRA, FSA, Debit or Credit): ____

________________________________ ____

Type of Credit Card **Card Number**

________________________________ ____

Expiration Date **Security Code**

________________________________ ____

Name of Card Holder **Signature of Card Holder** **Date**

Billing Address of Card Holder:

____

For people with a HRA, HSA, or FSA card, please indicate the amount allowed per year on that card:
$___________________________________

Linda Tamm, Psy.D., Owner
NJ Lic #3926

Tammy Dorff, Psy.D., Owner
NJ Lic#3950

© 2024 Strides in Psychotherapy PC. All rights reserved

Last Updated 9/4/2024