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## Credit Card Charge Authorization Form

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COMPLETE CARE CENTER FOR WOMEN/COMPLETE CARE BIRTHING CENTER invites patient participation in expanded payment plan options:

Complete Care Center for Women/Complete Care Birthing Center (CCCW/CCBC) has expanded payment options for patients by offering a credit card authorization program. This optional program allows patients the convenience of preauthorizing a stated dollar amount that can be applied to their credit card, but only following the plan's review. **No charges will be applied to patient's credit card until the plan indicates that the member is responsible for charges under the guidelines of their coverage.** Should the patient responsibility exceed the amount the member authorized, they will receive a bill for the remaining balance.

Patients visiting CCCW/CCBC are asked to provide their insurance card, a photo ID, and a credit card. Patients who do not wish to provide a credit card for current service(s) are NOT turned away for service, however, they may be asked to make a payment towards prior rendered services which carry a past due balance.

I (we) hereby authorize Complete Care Center for Women/Complete Care Birthing Center to charge my Credit Card listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until CCCW/CCBC is notified in writing to cancel it in such time as to afford CCCW/CCBC and credit card company a reasonable opportunity to act.

\_\_\_\_\_  
(Name - PLEASE PRINT AS IT APPEARS ON CARD)

\_\_\_\_\_  
(Card Billing Address - PLEASE PRINT)

\_\_\_\_\_  
(Phone Number - PLEASE PRINT)

\_\_\_\_\_  
(Email - PLEASE PRINT)

Please circle one: Visa / MasterCard / Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification (CVV) Number : \_\_\_\_\_

Authorized Amount: \$50 (Minimum) Other: \$ \_\_\_\_\_

Payment Plan (please check one):

Reoccurring: 15 Days 30 Days Amount: \$ \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Effective Date)