

Pre-Authorized Health Care Payment Form

Billing Submitted to Insurance

I assign my insurance benefits to Wandrei Psychological Services, LLC. I understand that this form is valid for four (4) years unless I cancel the authorization through written notice to the health care provider.

Client Name: _____

Birth date: _____

Signature: _____ Date: _____

Guarantor (Parent/Guardian): _____

Birth date: _____

Signature: _____ Date: _____

Credit Card Pre-Authorization

I authorize Wandrei Psychological Services to keep my signature on file and to charge my credit card for:

- Balance of charges not paid by insurance within 90 days, and not to exceed \$ _____ for:
 ___ this visit only
 ___ all visit charges or co-pays this year
- Recurring charges of \$ _____ every _____ from _____ to _____ (or as scheduled).
- This specific amount to be applied to my account: _____

Card Holder's Name: _____

Card Holder's Address: _____

City: _____ State: _____ Zip: _____

Type of Card: Visa MasterCard Account #: _____

Expiration Date (MM/YY): _____ 3 digit code: _____

Signature: _____ Date: _____

FAQs about Credit Card Pre-Authorization

What is the pre-authorized payment procedure?

It is a convenient payment method in which you authorize your health care provider to automatically bill your account for charges not covered by your insurance or for recurring treatments. All charges must be in accordance with your agreement.

How does the pre-authorized payment procedure work?

It starts when you complete a Pre-Authorization Health Care Payment Form. The form can be used two ways.

- 1) Once your health care provider submits charges to the insurance company and receives payment from that company, your account will be billed automatically for any fees not covered by your insurance, including deductibles, co-payments, and non-covered services. Or,
- 2) use the form to directly, automatically bill your account for recurring visits or specific charges (e.g., for non-covered services).

Can my health care provider charge my account for amounts or time periods not specified on the form?

No. Your provider is only authorized to bill your account up to the maximum amount, during specified time period that you indicated on the form.

May I set a limit or ceiling for the amount my health care provider can automatically bill?

Yes. Just indicate the maximum amount in the appropriate section of the form.

Will I receive a statement or receipt for the charges automatically billed to my card?

You will receive a copy of the Pre-Authorized Health Care Payment Form from your provider. All authorized charges will appear on your monthly credit card statement just like a purchase.