

Payment Responsibilities and Credit Card Authorization Form

It is the responsibility of each client to have payment rendered for services. Clients are responsible for all co-pays and remaining balances following insurance reimbursement at the time of service. **All non-medicaid and medicare clients** (private insurance, self-pay etc.) must have a valid credit card on file while receiving services at MMBHS. MMBHS reserves the right to freeze access to services if two (2) or more payments have been missed. Services can resume only after the unpaid balance is zero and/or by completing a repayment plan with the accounting department. The accounting department can be reached at 410-766-6624.

As a courtesy to you, MMBHS will charge your credit card on file for the balance on your account. Please completed and sign this form to get started.

With this authorization, you authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card either once a month, or the day of your appointment, for the balance of your account. If this is a replacement authorization, the balance may be charged immediately. The charge will appear on your credit card statement.

If the credit card fails to authorize, or there is any other difficulty using this information to process the payment, this authorization will be removed from our records and information will be sent to the client requesting an alternative method of payment. If you choose to add another card, another authorization form will be required.

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX Other

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____ CVV (3 Digit code on back): _____

Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize M & M Behavioral Health Solutions LLC. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Please charge my card after every appointment.

Please charge my card monthly

Client Name: _____ Date: _____

Client Signature: _____