



## Additional Documents

### Credit Card Authorization

For everyone's convenience, Shenandoah SOUNDstart, LLC requests that all patients have a credit card or \$250.00 deposit on file to cover any charges for which you may be responsible. Please provide the deposit or the following credit card information prior to the time of the evaluation. Attendance policy applies for the initial evaluation. Upon discharge, any remaining balance on your deposit will be refunded to you. **Initials:** \_\_\_\_\_

Name on card: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City State Zip

Card Type:

- Mastercard
- Visa
- American Express
- Discover
- HSA

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

I authorize Shenandoah SOUNDstart, LLC to bill my credit card on the date of the service for services rendered by Shenandoah SOUNDstart, LLC. This authorization will continue unless revoked in writing. I understand that my information will be saved in our secure on-line electronic medical record (EMR) for future transactions on my account. **Initials:** \_\_\_\_\_

Your signature below authorizes Shenandoah SOUNDstart, LLC to charge your credit card for services rendered. Please understand that any outstanding balances over 30 days will be billed to your credit card account listed above. This authorization is valid on an ongoing basis unless notified in writing.

**Child's Name:** \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_