

CREDIT/DEBIT CARD AUTHORIZATION FORM

As a courtesy, we verified your insurance coverage with your insurance carrier on your behalf. Below is an estimate of your client financial responsibility for services. Client financial responsibility amounts are immediately due and your credit/debit card on file will be charged per our Client Financial Responsibility Policy.

ESTIMATED INSURANCE INFORMATION

Annual Deductible	\$
Co-Insurance	\$
Co-Pay	\$
Maximum Annual Coverage	\$
Annual Visit Limits	

THIS IS ONLY AN ESTIMATE

By signing below, I understand

- I am **REQUIRED** to maintain a credit/debit card on file with Edgewood.
- All co-pays will be collected at the time of service.
- All remaining deductibles, co-insurance, late/no show fees, payment plan agreements or other accrued fees will be charged to this credit/debit card.
- This credit/debit card will be charged for all balances for services for myself and/or any dependents for which I have authorized services.
- I will receive a receipt as proof of payment.
- This credit/debit card will be valid for the duration of services unless cancelled by written notice.
- Services will be suspended for declined or expired cards that have not been replaced within 30 days of notification from Edgewood.
- My full credit/debit card information will be retained by First Data and not Edgewood.

CREDIT CARD INFORMATION

CARD HOLDER NAME	PHONE NUMBER	EMAIL
CREDIT CARD NUMBER	EXPIRATION	SECURITY CODE

I authorize Edgewood to charge my credit/debit card under the conditions listed above for the following clients.

Client Printed Name

Client Printed Name

Client Printed Name

Client Printed Name

Client Printed Name

Client Printed Name

Card Holder Signature

Date