



575 Industrial Parkway, Heath, Ohio 43056
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Credit Card on File Billing Authorization Form

ACE Psychological Services, LLC, 575 Industrial Parkway, Heath, OH 43056, is offering a secure and convenient method of payment for the portion of services that your insurance doesn't cover, or for amounts due if you don't have insurance, but for which you are liable. Your credit card information is kept confidential and secure. For insurance, payments to your card are processed if there is a co-payment or deductible due at the time of service and after that only after the claim has been filed to and processed by your insurance carrier and the insurance portion of the claim has posted to your account. If insurance is not involved, then your credit card will be charged at the time of service.

I, _____ authorize Ace Psychological Services, LLC to capture my credit card information and securely store my credit card on file. I also agree to update the practice on any changes to my credit card information.

I authorize Ace Psychological Services, LLC to charge my credit card on file for any balance owing on the below indicated account. I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Ace Psychological Services, LLC. Written notice must be submitted to Ace Psychological Services, LLC, at the address written above. Cancellation of Ace Psychological Services, LLC's ability to charge my credit card will not reduce the amounts that I owe to Ace Psychological Services, LLC.

I certify that I am an authorized user of this credit card, that I am 18 years of age or older, and that I will not dispute the payment with my credit card company, so as long as the transaction corresponds to the terms indicated in this form.

Patient Name: _____			
Account #: _____	Exp. Date: _____	Code: _____	
Card Holder's Name and Address, including zip code, as Shown on Card: _____ _____			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Signature: _____		Date: _____	