Your Family Psychiatrist

Credit Card Charge Authorization

I understand that full payment is required at the time of service by either cash or credit card. Full payment is also required for missed appointments and cancellations with less than 48 hours prior notice (not counting weekends).

I also understand that the financial responsibility for services provided is mine, and that I must file for any insurance reimbursement to which I may be entitled because Your Family Psychiatrist, PLLC will not file insurance claims on my behalf.

I understand that the credit card listed below will be charged for services rendered including those in our office policies and for the missed and cancelled appointments with less than a 48-hour notice. If the credit card charge is denied, I will be billed separately for the appointments. Your Family Psychiatrist will not schedule any further appointments until I pay all outstanding balances.

I agree to call and notify the receptionist in advance of my next scheduled appointment if my address, phone number, or responsible party has changed.

I hereby authorize Your Family Psychiatrist, PLLC to charge my credit card for services rendered to me or the patient whose name appears below (and for appointments missed or cancelled with less than a 2-busines- day-notice) at a rate of $275 for an adult initial appointment, $295 for a child/adolescent initial appointment, or $150 for each follow-up appointment.

Credit Card No.:____ Exp. Date:__________________

Name (as printed on card):____

Billing Address (shown on the card statement): ____

City:_______________________ State:_________________ Zip Code:__________

By signing below I am authorizing Your Family Psychiatrist, PLLC to charge my credit card for the professional services as described above. I certify that I am the owner of the credit card listed on this form and can authorize charges to this card.

____ _______________________

Patient's Name Date

____ _______________________

Responsible Party's Name Date

____ _______________________

Responsible Party's Signature Date

12250 Queenston Blvd.● Suite E ● Houston, Texas 77095 ● Phone: (281) 849-4080