

#### 4. HCC CCOF

### Authorization for Automatic Credit Card Payment

Healing Counseling Center Inc.

For your convenience, and to guarantee payment for services rendered, we request documentation of a major credit card. I authorize Healing Counseling Center INC. to keep my signature on file and to charge my credit card account listed below for co-pays, co-insurance, and deductible amount not collected at time of service. In addition, I authorize Healing Counseling Center INC. to charge my credit card for any outstanding account balances following insurance determination, including fees due to late cancellation or non-attendance of scheduled appointments. I understand that credit card charges may not coincide with scheduled appointment dates. I understand that this authorization is valid until I cancel the authorization through written notice to Healing Counseling Center INC. or unless otherwise indicated. Any charges incurred by HCC Inc. for refused or declined charges will be the responsibility of the person signing this document. By signing this agreement you are giving us permission to speak directly with Bank, CC companies and Financial institution in the even of Fraudulent charges, Only Financial information will be discussed. No other information will be released .:

Card Type::

NAME : (as it appears on Card::

CREDIT/DEBIT/HSA CARD NUMBER::

EXPIRATION DATE ON CARD : MM/YY:

CVV:

BILLING ZIP CODE:

Signature::

Date::

**\*\*IF CARD ON FILE BELONGS TO SOMEONE OTHER THAN PATIENT A FINANCIAL RELEASE OF INFORMATION IS REQUIRED\*\*** RELEASE OF INFORMATION - FINANCIAL ONLY DOES THIS CARD BELONG

TO A PARTY OTHER THAN YOURSELF:

TO WHOM IT MAY CONCERN: Healing Counseling Center Inc. has my permission to release information regarding the financial portion of my account to \_\_\_\_\_  
Financial information may include: Credit Card Charges and refunds, Insurance claims and processing details, billing and charges for any appointments or missed appointments. This release will be in effect until revoked by the patient. If you wish to revoke this release at any time, please contact our administrative staff at 940-220-9307.:

Patient Signature::

Date::

Healing Counseling Center Inc.

1400 North Coit Rd #706

McKinney TX 75071

(940)220-9307 [healingcounselingcenter.com](http://healingcounselingcenter.com)