

CREDIT/DEBIT CARD AUTHORIZATION

By paying via credit card, you acknowledge that this credit card information will be automatically kept on file via PCI-compliant encrypted code with the following credit card processor: International Bancard. Health Savings Account cards may also be kept on file as the primary form of payment but must still have a back-up credit card on file in case HSA funds are depleted.

You further agree and understand that if insurance does not pay the contracted rate for services, any remaining balance due that is the legal patient responsibility will be charged to this Health Savings Card or Credit Card on file. This amount typically includes co-pays, co-insurance, and deductibles that have not yet been met or were quoted incorrectly by the insurance company. Nedra Cannon LCSW LLC (Harmony in Hues Wellness Center-DBA) will provide you access to the Therapy Appointment patient portal where you can view your account, request statements, or pay your outstanding charges. Clicking on the payment line will allow you to view or print the receipt.

By signing my name below, I authorize Nedra Cannon LCSW LLC (Harmony in Hues Wellness Center-DBA) to charge my credit card an amount not to exceed \$150.00, for any outstanding charges not covered by insurance or as a result of client fees. I have the right to request my credit card to be removed via written or verbal request.

THIS AUTHORIZATION EXPIRES 6 MONTH FROM THE DATE OF OUR FINAL THERAPY SESSION

New Date Field

New Signature Field

 Erase  Type

Client Legal Name - Last, First

New Date Field
