



Debit or Credit Card Authorization Form

I, _____ authorize Human Touch Behavioral Health to charge my credit/debit card that I placed on file for any future date in which I fail to cancel my appointment 48 hours in advance, or I fail to attend my appointment.

The fee for failure of attending or cancellation after the 48-hour mark as a **new patient and/or therapy appointment is \$100.00** and **\$75.00 for follow up appointments with medical providers** (not therapists).

I understand that in the case I do need to cancel within the 48-hours I must contact the office and it would be determined by management whether or not these fees would apply.

I understand that I will not receive a bill or be notified in advance before my card is charged. This agreement will be valid from the first date of service until the date I am discharged from the facility.

By signing below, I acknowledge that I have read and agree to the terms above.

Signature: _____

Written name: _____



Date: _____

Bank: _____

Card number: _____

Expiration date: _____

Security code: _____

Will the card being placed on file be the patients card?

YES

NO

If **NOT** please list the name of the person to whom the card belongs to and relationship to the patient.

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Card holders signature:

Card holders written name:

Date: _____

(If different)



Patient Name:
