

Credit Card Consent

I authorize Apogee Behavioral Medicine to securely store a credit / debit card (collectively referred to as "payment method"). I authorize the payment method to be used automatically for co-pays, deductibles, co-insurance, or any other patient responsibilities determined by the provided insurance carrier(s). If a credit card account is being used for a transaction, Apogee Behavioral Medicine may obtain pre-approval for an amount up to the amount of the payment. If the patient wants to designate a different payment method or if there is a change in the patient's payment method information, the patient must change the information online.

I confirm and agree that (i) any credit / debit card information supplied is true, correct, and complete, (ii) charges incurred by the patient will be honored by the patient's credit / debit card company, and, (iii) the patient will pay the charges incurred in the amounts posted, including any applicable taxes.

I agree and authorize the payment method to be billed automatically for the entire visit if insurance is not provided, according to the published self-pay pricing on Apogee Behavioral Medicine's website, which is subject to change at any time. I also agree and authorize the automatic payment for any products or services that the provided insurance carrier(s) may not cover or in the event that a claim is rejected by the provided insurance carrier(s). Common services not covered by insurance include, but are not limited to, various convenience fees such as travel fees, medication dispensing, specimen collection, telemedicine, certain physicals, and any other related products or services not covered by the provided insurance carrier(s).

If Apogee Behavioral Medicine is unable to secure funds from the provided debit / credit card(s) for any reason, including, but not limited to, insufficient funds in the debit / credit card or insufficient or inaccurate information provided by the patient when submitting electronic payment, Apogee Behavioral Medicine may undertake further collection action, including application of fees to the extent permitted by law.

I acknowledge and agree I will not dispute the payment with the credit / debit card company, provided the transactions correspond to the terms indicated in this authorization form.

I acknowledge that in the case of a no-show for an appointment, my payment method can be charged a \$150.00 fee. Cancellations made less than 24 hours before the scheduled appointment can result in a \$50.00 cancellation fee. These fees apply to both new and established patients. Cancellations made at least 24 hours before the scheduled appointment will not incur a fee.

I understand that this Credit Card Consent will remain in effect until I provide written notice of cancellation to Apogee Behavioral Medicine.



I hereby state that I have read, understood, and agree to the terms of this document and I authorize Apogee Behavioral Medicine to charge / debit / withdraw funds from my account as set forth above.