Alaska Psychiatric Concepts

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In Child, Adolescent and Adult Psychiatry

Credit Card Payment Authorization Form

You authorize charges to your Visa or MasterCard for any missed appointment fees or outstanding balances. Missed appointment charges will be made at the time of your scheduled session. A receipt will be mailed to you and the charge will appear on your credit card statement. You understand and agree that no prior-notification will be provided before these charges are made. Your credit card information will be stored in a secure, locked site in our office; no other staff or clinicians will have access to this. On termination of your treatment, this information will be destroyed.

Please complete the information below:

I, _____ (print your full name) authorize Alaska Psychiatric Concepts to bill my credit card for any and all missed appointment charges or outstanding balances for professional services rendered. These charges will be made when missed appointments occur or when balances are not paid for more than 30 days. I understand that I will not receive advance notice of these charges.

Account Type: ☐ Visa ☐ MasterCard

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Account Number: _____

Expiration Date: _____ CVV (3 last digits on back of card) _____

By completing this box, I acknowledge that I have read, understand, and agree to the information contained on this form.

SIGNATURE: _____ DATE: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

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