CWM COUNSELING

CREDIT CARD AUTHORIZATION BILLING FORM

CWM Counseling offers a secure and convenient method of payment for your portion of services that your insurance doesn't cover, but for which you are liable. Deductible/Coinsurance payments to your card are charged to your card only after the claim has been filed to and processed by your insurance carrier, and the insurance portion of the claim has been posted to your account, or in the event that valid insurance information was not provided at the time of service. Copays are charged within 10 days of the service provided.

I, _____, authorize CWM Counseling to securely store my credit card on file. I understand that CWM Counseling is using a third party electronic payment vendor to securely store my payment information. No credit/debit card information will be stored in my electronic health record. I authorize CWM Counseling to charge any copays, deductible, or coinsurance payments to the card provided below. This authorization relates to all balances not covered by my insurance company for services provided by CWM Counseling. This could be amounts resulting from balances related to co-payment, deductible, co-insurance, non-covered services, or denials for no coverage, but is not limited to these scenarios.

I understand that this form is valid until I give a 30-day written notice to cancel the authorization to CWM Counseling. Written notice must be submitted to CWM Counseling, 530 S. Water St. Ste. 3, Platteville, WI 53818.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Client Name: _____
(If different from Cardholder)
Cardholder's Name as it appears on Card: _____
(As shown on credit card)
Cardholder's Billing Address: _____

_____

Cardholder Signature:_____ **Date**:_____

Cardholder's Email: _____
(For electronic receipt)

Card Number: _____ _____ _____ _____ **Exp:** ___/___ **Security Code:** _____

Payment Plan: $_____ on the _____ day of each month.
(for office use only)