

CREDIT CARD ON FILE POLICY

SUSAN ROSS, MSW, LISCW ADDING SOLUTIONS
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As a condition to providing treatment, Susan Ross will require you to provide a valid credit card number for us to keep on file in order to secure payment for services. You will be provided with a bill to submit to your insurance.

Your credit card information will be kept confidential and secure and only authorized staff will have access to the information as necessary to manage your account balance with us. Your supplied credit card will be charged only under the following circumstances:

1. For all current patient balances.
2. This will include a charge of the full amount if an appointment is cancelled with less than 24 hours notice.
3. I do allow every family one cancellation without charge.

Authorization:

I authorize Susan Ross to charge the portion of my bill that is my financial responsibility to the following credit card:

Amex Visa Mastercard

Credit Card Number: _____

CVV CODE: _____ Expiration Date _____ / _____

Cardholder Name: _____

Billing Address: _____

City _____ State _____ Zip _____

I, the undersigned, authorize and request Susan Ross to charge my credit card, indicated above, for balances due for services rendered that are out of network with my insurance company or that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by Susan Ross. This authorization will remain in effect until I cancel this authorization. To cancel, I will provide notification to Susan Ross in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____ Date: _____ / _____ / _____