

## Credit Card on File Billing Authorization Form

Cornerstone Psychological Services is offering a secure and convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed to and processed by your insurance carrier and the insurance portion of the claim has posted to your account or in the event that valid insurance information was not provided at the time of service or for other amounts you have agreed to pay Cornerstone.

I, \_\_\_\_\_, authorize Cornerstone to capture my credit card information and securely store my credit card on file. I also agree to update Cornerstone on any changes to my credit card information.

I authorize Cornerstone to charge my credit card on file for any balance owing on the below indicated account. I agree Cornerstone Psychological and Counseling Services may charge my credit card on file for the balance due when they receive a copy of the EOB or for all balances not covered by my insurance company for services provided by Cornerstone. This could include, but not be limited to, amounts resulting from balances related to copayment, deductible, co-insurance, non-covered services, or denials for no coverage/eligibility for services provided by Cornerstone.

I understand that this form is valid until I give a 30-day advance written notice to cancel the authorization to Cornerstone. Written notice must be submitted to Cornerstone Psychological Services 4018 Medina Road Suite D Medina, Ohio 44256. Cancellation of Cornerstone's ability to charge your credit card will not reduce the amounts that you owe to Cornerstone.

I certify that I am an authorized user of this credit card, that I am 18 years of age or older, and that I will not dispute the payment with my credit card company; so as long as the transaction corresponds to the terms indicated in this form.

Patient Name:	Account #:		
Card Holder's Name as Shown on Card:			
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Credit Card Number:	Exp. Date: ____/____		
CVV _____			
Cardholder's Billing Address:			
Cardholder's Signature:			

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