Kirkland Clinical Associates LLC

2007 N. Collins, Suite 505, Richardson, Texas 75080

Credit Card Authorization

If you are using your insurance benefits, Kirkland Clinical Associates LLC, requires the patient portion of the first session be paid by credit/debit card, Visa or Master Card, American Express, or your Health Savings Account cards.

By paying via credit card, you acknowledge that this credit card information will be automatically kept on file via PCI-compliant encrypted code with the following credit card processor: CAYAN

You further agree and understand that if insurance does not pay the contracted rate for services that any remaining balance due that is the patient responsibility will be charged to this credit/debit card. This amount typically includes co-pays, co-insurance, and deductibles that have not yet been met or were quoted incorrectly by the insurance company.

Kirkland Clinical Associates LLC will provide you an accounting statement as well as a credit card receipt via encrypted email reflecting the charges applied to your credit card.

By signing this form, I authorize Kirkland Clinical Associates LLC to keep my credit card on file and to charge my credit card an amount not to exceed $150.00 per charge.

This authorization expires 12 months from the date entered above.

Credit Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Name on Card:_____ Expiration Date:_____

CVV Code: __ __ __ Billing Zip code:_____

Signature_____ Date_____

Patient Name if minor: _____