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# CREDIT CARD ON FILE POLICY

As a condition to providing treatment, ADDing Solutions will require you to provide a valid credit card number for us to keep on file in order to secure payment for services. Upon request, you will be provided with a monthly Superbill 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. A charge for an appointment is cancelled with less than 24 hours notice.

We allow every client one cancellation without charge.

Authorization:
I authorize ADDing Solutions 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 ADDing Solutions to charge my credit card, indicated above, for balances due for services rendered. This authorization will remain in effect until I cancel this authorization. To cancel, I will provide notification to ADDing Solutions in writing and understand my account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____ Date: _____ / _____ / _____