



CHICAGO CENTER FOR WELL-BEING, INC

230 E Ohio Street, #705 Chicago, IL 60611 tel: +1 312 539 3345

Credit Card/Debit Card On File Form

We require keeping your credit or debit card on file as a convenient method of payment when authorized.

_____ I authorize Chicago Center for Wellbeing to charge my credit/debit card for any late fees as outlined in the 'patient financial responsibility' form.

_____ I authorize Chicago Center for Wellbeing to charge my credit/debit card for services not paid by my insurance company within 90 days from services rendered, including copays/deductibles/coinsurance.

_____ I will inform Chicago Center for Wellbeing if my credit card information or expiration date changes.

Visa MasterCard Amex Discover

Card Number _____
 Expiration Date _____
 CVV Code _____
 Name on Card _____
 Address _____
 Zip Code _____

I understand that this form is valid without expiration unless I cancel this authorization by notice in writing submitted to Chicago Center for Wellbeing.

Signed _____ Date _____
 Client/Guarantor

_____ By signing above, the client or guarantor acknowledges that he/she has read and agrees to comply with all policies above.