Neponset Valley Neuropsychology
45 Walpole Street – Suite 6
Norwood, MA 02062

Credit/Debit Card Authorization:

Neponset Valley Neuropsychology, LLC **requires** a credit or debit card on file for all services to ensure dedication to treatment. We will NOT charge this card without your permission, EXCEPT in the following cases:

Your card will be charged automatically for the full outstanding amount including deductibles. Please check the boxes below to indicate understanding of these circumstances:

- ☐ Late cancels or appointment no-shows as detailed in the Consent to Services
- ☐ Your bill is more than **30 days** past due without a payment plan in place, this applies to ALL services

I, ______________________________________, authorize Neponset Valley Neuropsychology, LLC to use my credit/debit card information to charge my credit/debit card. I understand that this card will be charged for either late cancellations, no-shows, and past due balances, as outlined in the Consent to Services.

PLEASE PRINT CLEARLY - ALL FIELDS REQUIRED

Card Type (circle one): Visa Mastercard Discover American Express Other

Card #: ________________ - __________________ - _________________ - _________________

Expiration Date: _________________________ Security Code on back of card: __________________

Name as printed on card: ____

Billing Address: ____

City: _________________________________ State: ____________________ Zip: ______________

Email: ____

By signing below, I am authorizing Neponset Valley Neuropsychology, LLC to charge the above card in the designated manner. My signature also indicates that I will inform my clinician of any changes to this billing information over the course of my evaluation.

____

Patient or Guardian Signature *Patient or Guardian Printed Name* *Date*