

Bridging Connections

Which is comprised of Connections Christian Counseling, Bridgewater Counseling & Consulting,
Central Ohio Counseling Services and Serenity Grace Counseling

Credit Card on File Billing Authorization Form

Bridging Connections is offering a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are responsible. This would include co-payments, co-insurance, annual deductibles, self pay and no show fees. Your credit card information will be kept confidential and secure, and payments to your card are processed only after the claim has been filed and processed by your insurance carrier.

I, _____, authorize Bridging Connections to capture my credit card information and to charge my credit card as payment for any balance put into the “patient responsibility” as a result of my insurance plan’s deductible, co-insurance or co-payment, self pay and no show fees. I understand and agree that this payment will be processed after the claim is finalized and when we receive a copy of the Explanation of Benefits (EOB) from my insurance plan. Bridging Connections will also provide me with a receipt as proof of payment by email.

I understand that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

I understand and agree that this form is valid until I give a 30-day notice to cancel the authorization to Bridging Connections, 30 Custer Rd. Heath Ohio 43056.

Patient Name: _____

Card Holder’s Name (as shown on card): _____

Credit Card Number: _____

Expiration Date (mm/year): _____/_____ CVV Code: _____

Billing Zip Code: _____

Email Address: _____

Card Holder Signature _____

Date: _____