



Authorization for Payment

I authorize Specialty Behavioral Health, Inc. (SBH) to charge my credit card for any unpaid fees including:

- Fees for services (evaluations and therapy sessions)
- Missed appointments that are not canceled with at least 48 hours advanced notice
- Testing materials (clients are always informed of costs for testing materials, if there are any, before the test is administered).
- Insurance co-pays
- Insurance deductibles
- Unpaid claims by insurance

A current listing of fees is available for viewing at www.specialtybehavioralhealth.com and a written copy of current fees can be provided at any time. Fees are subject to increase without notice.

This authorization is ongoing and will be automatically revoked one year after the last date of service. Until that time, I authorize payments as described above to SBH. I understand that this one year time period may be required to determine final amounts due and settle my account; and that my credit card may be billed during this time. If my credit card information changes, I will notify SBH of any changes. Expiration or cancellation of a credit card does not relieve me from any unpaid debt.

Credit Card Number: _____ VIS, M/C, DIS, AMX

Expiration Date: _____

CSC: _____

Name on Card: _____

Billing Address: _____

Telephone #: _____

Email address: _____

Signature: _____

Current Date: _____

For Guardian Only – Name of Client: _____