



Credit Card Authorization Form

This form cannot be accessed directly.

All credit card information will remain confidential and will not be released to any unauthorized party.

We have implemented a policy which maintains credit card information securely encrypted on file, and you will be asked for a credit card to file before making your initial appointment.

By providing United Psychological Services with your credit card information, you are giving United Psychological Services permission to automatically charge your credit card on file to pay co-pays, deductibles and balances you owe after your insurance company has paid their portion and notified us of the amount that is your responsibility. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Telehealth Services and Before/After Hours Services

United Psychological requires that all new clients must authorize a credit card on file before setting up any appointments with a clinician.

By your electronic signature on this form, you authorize charges to your credit card through for services rendered. In the event you have a telehealth or appointment outside of regular clinic hours, your credit card will be charged with your deductible amount or copay the day after your session. Charges may take up to 1-2

business days for processing.

I understand I am responsible to know the amount that will be charged to my credit card on file for each session.

I hereby authorize United Psychological Services to charge the credit card provided on file on behalf of United Psychological Services on an as needed basis for the amount(s) due for service(s) that are the patient responsibility amount as determined by insurance. I further authorize that any time my account becomes past due United Psychological Services may use this card to settle the debts owed on my behalf. Any overpayments on my account will be credited back to my card. My credit card statement will serve as a receipt for payments that have been processed. I may request a copy of my receipt by contacting United Psychological Services at (586) 323-3620 and a response will be sent to me via email.

This document designates my Signature is on File and therefore is not required that I sign paper receipts each time my credit card is processed. This authorization is to remain in effect until United Psychological Services receives written notification from me of its termination. If my credit card information listed below changes for any reason, I will notify the billing department at United Psychological Services as soon as possible.

Signature *

Date *

Date of Birth *

Click to sign

This credit card will be on file for dependent(s), please print name(s) below:

1

Patient Full Name *

Add new patient

Name on Card: *

Credit Card Number: *

Expiry: *

CVV: *

If you think your charges are incorrect, please contact the billing department at United Psychological Services with an explanation of the problem. We will make any necessary adjustments to your account within 30 days. After 60 days all charges will be assumed to be correct.

Contact information: (586) 323-3620

Office Hours: M thru Th: 9:00 am - 7:00pm, Friday and Sat. 9:00 am - 5:00 pm

Mailing Address:

United Psychological Services

47818 Van Dyke Ave., Shelby Township, MI 48317 Attention: Billing Department

Submit

Your information will be encrypted.



Terms of service (<https://www.hushmail.com/terms/>) | Privacy policy (<https://www.hushmail.com/privacy/>)

United Psychological Services

P 586.323.3620, F 586.323.3568

www.unitedpsychological.com (<http://www.unitedpsychological.com>)

47818 VanDyke Ave., Shelby Township , MI, 48317 (<https://maps.google.com/?q=47818+VanDyke+Ave.+Shelby+Township++MI+48317>)