



CREDIT CARD ON FILE AGREEMENT

We have implemented a new policy which requires all interplay clients to keep a credit card on file for payment purposes. We have a new system which enables us to maintain your Credit Card information securely on file and which can only be accessed under the terms you specify below.

By providing us with your credit card information, you are giving InterPlay permission to automatically charge your credit card on a weekly, monthly, or as needed basis (if payment is not made by you within 30 days of an invoice) for the amounts due for services received. These amounts match the patient's responsibility amounts as determined by your insurance company and are reflected on the explanation of benefits (EOB's) from the insurance company.

Any canceled or missed appointments without a 24 hour notice will result in the credit card on file being charged the late cancellation/no show fee of \$50.00.

If the credit card information we have on file changes for any reason, you must notify InterPlay as soon as possible. If you have any questions about a charge please notify us within 15 days. After 30 days all charges will be assumed to be correct.

We will maintain clear record of all payments and charges. However, in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice or if the balance is zero and you have taken a break from therapy a reimbursement can be put back on the same credit card. A receipt will be sent to you from Square (our credit card processing company). You will also receive a paid invoice from InterPlay showing your payment.

In the event of a declined charge, you will be asked for a new credit card number and/or payment before continuing treatments.

***I HAVE READ AND UNDERSTAND THE CREDIT CARD ON FILE AGREEMENT AND
AUTHORIZE INTERPLAY TO CHARGE MY CREDIT CARD AS STATED ABOVE.***

Visa MasterCard Amex Discover CARD NUMBER: _____

Exp. Date: _____ / _____ Security Code or CID #: _____ Billing Zip: _____

Name on Card: _____ Client's Name: _____

Email address that you would like receipts sent to: _____

Billing Address on Card (if different from our records): _____

City: _____

Zip: _____

Signature: _____

Date: _____