



## Pre-Authorized Healthcare Payment Form

The Jonas Center requires the following information to assure payment, keep overhead as low as possible and protect your credit. Once The Jonas Center receives the Remittance Advice or Explanation of Benefits from your insurance company, you will be charged any outstanding deductible or co-pay. Any outstanding balance will be billed monthly. Any overdue balance will be charged to your card. Thank you!

Client Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Type of Card: \_\_\_ Visa, \_\_\_ Mastercard, \_\_\_ American Express, \_\_\_ Discover

\_\_\_ Credit/Debit Card

\_\_\_ Health Savings Account or FlexPlan Card

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

### CARDHOLDER'S BILLING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### AGREEMENT:

\_\_\_\_\_ Yes, I authorize The Jonas Center to charge my Credit/Debit/HSA/FlexPlan card above for deductibles, co-payments and other professional services.

\_\_\_\_\_ No, I will pay by check or cash when billed except as noted below:

**I authorize The Jonas Center to charge my Credit/Debit/HSA/FlexPlan Card for:**

1. The balance of fees not paid by my insurance company if my bill becomes overdue unless another arrangement has been made.
2. For failed and late cancelled appointments.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_