ABCD INC., P.S. | ASSOCIATES IN BEHAVIOR AND CHILD DEVELOPMENT
NORTHGATE EXECUTIVE ONE
155 NE 100TH STREET • SUITE 306 • SEATTLE WA • 98125-8014
Main: 206-569-3361 • Fax: 206-361-1598 • Accounting: 206-569-3294

Authorization for Credit Card on File

The undersigned (hereinafter the "Cardholder") authorizes ABCD INC., P.S. | ASSOCIATES IN BEHAVIOR AND CHILD DEVELOPMENT (hereinafter referred to as "ABCD INC., P.S.") to charge the credit card(s), as identified below, for any patient responsible balances for each billing account for the patient(s) indicated below (together, if applicable, hereinafter the "Patient") with ABCD INC., P.S. after applicable insurance reimbursements have been applied for services received at ABCD INC., P.S. for the Patient.

CHILD # 1

PATIENT (First Name): _____ PATIENT (Middle Name): _____ PATIENT (Last Name): _____

PATIENT (Date of Birth): _____ _____ _____
month *day* *year*

CHILD # 2

PATIENT (First Name): _____ PATIENT (Middle Name): _____ PATIENT (Last Name): _____

PATIENT (Date of Birth): _____ _____ _____
month *day* *year*

CHILD # 3

PATIENT (First Name): _____ PATIENT (Middle Name): _____ PATIENT (Last Name): _____

PATIENT (Date of Birth): _____ _____ _____
month *day* *year*

Cardholder's Relationship to Patient: _____ _____ _____
parent *self* *guardian*

(as listed on the Credit Card Statement)

Street Address: _____ Zip Code: _____

Health Savings Card: XXXX - XXXX - XXXX - _____ Expiration Date: _____ _____
(last 4-digits only) *month* *year*

Provide a backup card if providing a Health Savings Card above and same is declined:

Credit or Debit Card: XXXX - XXXX - XXXX - _____ Expiration Date: _____ _____
(last 4-digits only) *month* *year*

If the Patient balance for each billing account with ABCD INC., P.S. exceeds $750, Cardholder will receive an email notification from accounting@abcdseattle.com within three (3) business days before the above credit card is charged by ABCD INC., P.S.

Should charges by ABCD INC., P.S. to the above credit card(s) be declined, Cardholder will receive an email notification from accounting@abcdseattle.com requesting an alternate credit card for payment to be provided to ABCD INC., P.S. within three (3) business days from the date of the email notification to avoid billing fees to the Patient account.

CARDHOLDER REQUESTS NOTIFICATIONS & PAYMENT RECEIPTS EMAILED TO:

_____

Please check your spam filters to accept emails from: accounting@abcdseattle.com

DATED this _____ day of _____, 2018.

CARDHOLDER (authorizing signature): _____

CARDHOLDER (Print Name): _____

(see back page for further instructions)

We are asking that you complete this Authorization for Credit Card on File (on back of page), so that we may keep your credit card information on file and charge your credit card for the required copays due at each appointment, any missed appointment fees, and other miscellaneous fees and balances posted to your patient account.

Once you have completed, signed, and returned this Authorization Form, would you please call the undersigned at 206-569-3294 and provide only the following information:

1) *First **12-digits** of the credit card (please do not provide the last **4-digits**);*
2) ***3-digit** CVVS code on the back of the credit card; and*
3) *Patient's **FIRST** and **LAST** names.*

You may leave this information in a voice mail (voice mail box is password-protected) and we will know to associate your information with your completed and returned Authorization Form.

You may return this completed Authorization Form to ABCD by:

- email: accounting@abcdseattle.com
- fax: 206-361-1598
- mail: enclosed self-addressed envelope

Once we have received all your information as requested above, we will upload this Authorization Form to the patient portal (which is HIPAA compliant).

Sincerely,

Linda Brons

Office Manager & Medical Billing
Associates in Behavior and Child Development | ABCD, Inc., P.S.
Northgate Executive One Building
155 NE 100th Street, Suite 306
Seattle, WA 98125-8014
206-569-3294 (*direct line*)
206-569-3361 (main)
206-361-1598 (fax)
www.abcdseattle.com