

DISCOVER/MASTERCARD/VISA AUTHORIZATION FORM

I authorize Genesis Clinical Services to process payments on my DISCOVER, MASTERCARD or VISA card for my sessions at Genesis (for co-pays, co-insurance, self pay balances* and no show/late cancellation charges).

I understand that if my card declines, Genesis Clinical Services may put my charge through on my DISCOVER, MASTERCARD or VISA card another day when funds become available. I also understand that I may revoke my DISCOVER, MASTERCARD or VISA card agreement <u>in writing</u> to the Billing Manager at any time.

*Balances over \$250 will be discussed with you in advance as to payment minimums.

CHECK ONE:	DISCOVER	MASTERCARD	VISA
Cardholder Name	Patient N	Patient Name	
Card Number	_ Month Expiratio	Year n Date	
3-digit code on back of Card (found on signature line)	Signature	Today's	Date