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## Credit Card on File Policy

At SmallTalk Centers, PLLC, we kindly request that a credit card is kept on file for any fees incurred for services. Payments are processed through our HIPPA-compliant secure practice management software. Office personnel will not have access to your card. For your protection, only the last 4 digits of your card will show in our system.

\_\_\_\_\_ Amex      \_\_\_\_\_ Visa      \_\_\_\_\_ Mastercard      \_\_\_\_\_ Discover

Credit card #: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

Billing Address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I, the undersigned, authorize and request SmallTalk, PLLC to charge my credit card for the portion of services that is my responsibility.

This authorization will remain in effect until I cancel this authorization. To cancel, I must provide a 60-day notification to SmallTalk, PLCC in writing and the account must be in good standing.

Responsible Party/Patient Name (print): \_\_\_\_\_

Responsible Party/Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_