Neurodevelopmental Institute of New Hampshire

Optimizing Potential Throughout the Lifespan

www.ninhllc.com

Client Name:		Date of Birth:	

Credit Card Authorization

I, _____ (card holder name), authorize the Neurodevelopmental Institute of New Hampshire, LLC (NINH) to keep my signature on file and to charge my _____ account (type of credit card) ending in _____ (last 4 numbers of credit card) for (please initial all that apply):

_____One time only in the amount of $_____.

_____ All balances not paid by insurance or other third-party payers after 60 days. This total amount cannot exceed $_____.

_____ Recurring charges (co-pays, co-insurances, deductible, NO SHOW fee, etc.) for ongoing treatment as per amounts stated in the signed *Payment Contract* with NINH.

I acknowledge that copays, coinsurances, and/or deductibles outlined in the Payment Contract are expected to be paid at the time of service.

I understand that if the NINH receptionist is not available, I must complete a payment envelope and include the client name, amount to charge, date and signature. I also understand that NINH will charge my credit card within 2-3 business day when a payment envelope is complete.

I am aware that if my balance is greater than $100, it may impact my ability to schedule additional appointments. Please contact Sandra Fay at 603-621-9870 ext. 103 regarding payment options for past due balances.

I assign my insurance benefits to NINH. I understand that this form is valid for one year unless I cancel the authorization through written notice to NINH.

I have provided my credit card information on the reverse side of this form.

_____ _____ _____

Card Holder Signature Relationship Date

Client Name:		Date of Birth:	

Cardholder's Name (as it appears on card): _____

Cardholder's Billing Address: _____

City, State & Zip (*must include zip code*): _____

Card Number: _____ Exp. Date: _____ CVC: _____

Cardholder's Signature: _____ Date: _____

77 Pearl Street, Manchester, NH 03101 | Phone: 603-621-9870 | Fax: 603-621-9875

603 Main Street, Gorham, NH 03581 | Phone: 603-215-6482 | Fax: 603-215-6658

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