



Generations Psychiatry Services
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Generations Psychiatry Services PLLC Credit Card on File Policy

Generations Psychiatry Services PLLC requires a credit card on file. Your credit card information is kept confidential and secure and will be stored within our billing/electronic health record system. This credit card will be used as a method of payment for balances and charges for which your insurance company considers your financial responsibility. It should be noted that payment is due at the time of service and will be charged accordingly. If you happen to develop a balance, your credit card will be used to pay **all outstanding balances** that are older than 30 days (from the date we have billed you). An additional billing fee may be enforced for balances we must attempt to collect. Please fill out the following information:

Patient name (print): _____

Name as it appears on credit card (this may be the same as above): _____

Type of credit card (Visa, Discover, American Express, Mastercard etc...): _____

Credit card number: _____

Expiration date: _____

Security code (3-4 digits on the back of the card): _____

I agree and authorize Generations Psychiatry Services PLLC to save the credit card listed here on file. I understand that this card will be charged for all unpaid balances older than 30 days or for services rendered at that time. I understand that the authorization will remain in effect until the expiration of the credit card account, at which point I will provide a new credit card to keep on file. I may also revoke this form by submitting a written request to Generations Psychiatry Services PLLC, but I understand an active card is required to make a new appointment.

Responsible party name (print): _____

Responsible party signature: _____

Date: _____