



87 MAPLE AVENUE; RED BANK, NJ 07701  
P:347.815.0699

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### Credit Card on File Policy

At Dr. Di Benedetto Psychology Practice, we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account.

I authorize Dr. Di Benedetto Psychology Practice to charge the portion of my bill that is my financial responsibility and remains outstanding past 30 days or longer. Please use the following credit or debit card:

Amex  Visa  Mastercard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CVV code: \_\_\_\_\_

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

Billing Address \_\_\_\_\_

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

I (we), the undersigned, authorize and request Dr. Di Benedetto Psychology Group to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility and remain outstanding. This authorization relates to all payments not covered by my insurance company for services provided to me by Dr. Di Benedetto Psychology Group and is overdue by 30 days or more. **Please note that if a credit card is used to pay for these fees they will be subject to a 2.5% transaction fee.**

Patient Name (Print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_