



Adler Psychiatry  
4121 Montgomery Blvd NE,  
Albuquerque, NM 87109  
☎ (505) 807-0055 Office  
📠 (505) 299-2649 Fax  
[www.AdlerPsychiatryNM.com](http://www.AdlerPsychiatryNM.com)

## ***Credit Card on File Consent***

### **Information to be Completed by Cardholder:**

The undersigned agrees and authorizes Adler Psychiatry to save the credit card on file as entered into this document or into my electronic health record.

I authorize Adler Psychiatry to process the credit card as “Card on File”. I understand this authorization will remain in effect until the expiration of the credit card account in which it will be updated. Clients may also revoke this form by submitting a written request to Adler Psychiatry at the address above. If a charge is processed to the card on file and declined, the client will be billed for any fee(s) associated with the decline of the credit card.

I understand that if the invoice sent to me for my appointment is not paid within 7 days following the appointment, Adler Psychiatry will charge the amount due to my credit card on file.

I further understand that if there is a balance due after my insurance pays for my visit, my credit card on file will be charged for that balance without prior notification. This is not “balance billing,” balance due would be considered the patient responsibility noted on your Explanation of Benefits from your insurance company.

I acknowledge that I am an authorized user on the card being charged, or I have been given permission to utilize such card. If a fraudulent accusation results from using this card, Adler Psychiatry will cooperate with the authorities to prosecute any illegal activity. Please make sure you have the permission of the cardholder to use the credit card on file.

Updated 12/1/2021

Client's Printed Name: \_\_\_\_\_

Client's Legal Representatives Name: \_\_\_\_\_

*If client is a minor / has a guardian:*

Parent / Guardian Printed Name: \_\_\_\_\_

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

\_\_\_\_\_  
Client / Clients LEGAL Representative / Parent or  
Guardian Signature

\_\_\_\_\_  
Date