



12412 San Jose Blvd, Suite 203
Jacksonville, FL 32223
904-432-3321 (Office)
904-432-3324 (Fax)

www.nautilusbehavioralhealth.com

Credit Card Authorization for Payment Form

Please review this form and initial in each text box to verify your agreement with each section.

Patient Name: _____

Name of Person Completing This Form: _____

As described in the Informed Consent for Treatment, payment is required at the time of service. Although families have the option of paying with cash, debit/credit card or personal check, we do require that a current debit/credit card be retained on file. Card details will be securely stored.

Initial _____

I agree to promptly provide Nautilus Behavioral Health, PLLC with my updated debit/credit card information in the event that the debit/credit card on file is no longer current (e.g., card has expired).

Initial _____

I agree that Payment will be processed using the credit card on file in the following situations: 1. For families who prefer to pay by debit/credit card, 2. For families who do not bring a valid form of payment to their appointment, or 3. For families whose check is returned due to insufficient funds.

Initial _____

For checks returned due to insufficient funds, a \$30 fee will be added to the credit card charge.

Initial _____

I authorize Nautilus Behavioral Health, PLLC to use the credit card on file to process payment for services rendered. Depending on whether I am using insurance benefits and, if so, what the specific benefits are, I understand that charges may include copays or payment in full.

Initial _____

If using insurance, charges will be processed immediately if the amount due is known or will be processed upon receiving the Explanation of Benefits (EOB), up to 60 days after the date of service.

Initial _____

I understand and have read the Nautilus Behavioral Health, PLLC Attendance/No Show Policy. I authorize Nautilus Behavioral Health, PLLC to charge my debit/credit card the \$50 *per hour scheduled* No Show fee if incurred.

Initial _____

Credit Card Information

Cardholder Name (as it appears on the debit/credit card): _____

Relationship to Patient: Self Mother Father Foster Parent Relative Other

Type of Card: Visa Mastercard Discover American Express

Card Number: _____ Expiration Date (Month/Year): _____

Security Code (last 3 numbers on back of Visa, Mastercard or Discover or 4-digit code on upper right side of American Express Card): _____

Billing Address (street address, city, state and zip code): _____



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I have read and understand the aforementioned billing, payment processing and credit card policies and practices. I authorize Nautilus Behavioral Health, PLLC to use my credit card for payment processing as outlined above.

Caregiver or Patient Signature

Caregiver or Patient Printed Name

Date

Provider Signature

Date