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# Fern River Psychiatry

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## CARD ON FILE AUTHORIZATION FOR AUTOMATIC PAYMENT

Fern River Psychiatry, LLC requires all patients to keep a debit or credit card on file as a convenient and secure method of payment. Fern River Psychiatry, LLC uses BlueFin Payment System to bill and collect payments. BlueFin Payment System is secure, HIPAA compliant, and integrated into our cloud-based HIPAA compliant electronic health record, ChARM.

Fern River Psychiatry, LLC will charge your credit card on file for the following:

- ❖ Fees due on the date of service.
- ❖ Late cancellation and/or missed appointment fees as per our Practice Policies and Procedures agreement. Once your appointment is scheduled, you will be expected to pay the full professional fee unless you provide at least 24 business hours advance notice of cancellation or there is a serious medical emergency or illness.

If you are unable or unwilling to place a debit or credit card on file and update it as needed, you will not be able to schedule further appointments.

I, the undersigned, hereby authorize and request Fern River Psychiatry, LLC to keep my account information on file for payment and to initiate debit or charge entries on this account for services rendered. I understand that I am responsible for the entire amount owed. I understand that fees are collected on the date of service. I acknowledge that the origination of ACH or credit card transaction to my account must comply with the provisions of U.S. law. I understand that a debit or charge may be made to my bank account or credit card account periodically to pay for amounts owed. If my bank account or credit card information changes for any reason, I will notify Fern River Psychiatry, LLC. This authorization shall remain in effect until Fern River Psychiatry, LLC has received written notification from me of its termination.

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Signature of Patient or Authorized Representative

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Date / Time

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Printed Name of Patient or Authorized Representative

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Relationship of Authorized Representative