

Hudson Valley Center For Development

1124 NY 94 Suite 201
New Windsor, NY 12553
(845) 787-1350

Credit Card Authorization (Required)

The Hudson Valley Center for Development **requires** all clients to have a credit card on file in order to receive services at the Center. Please fill out and give to your clinician prior to the initial consultation session.*

Please indicate with an 'X' which type of card you will be utilizing:

American Express _____ **Discover** _____ **Visa** _____ **Mastercard** _____

_____ ('X') I authorize the Hudson Valley Center for Development to bill my credit card for copays, coinsurances, and uncovered charges related to treatment and/or assessment at the Center.

Patient Name _____ Cardholder Name (if different) _____

Credit Card Account Number _____ Expires _____

CVV Security Number _____ (on back of most cards, on front if AMEX)

Billing Address (incl city, state, zip) _____

Home Phone _____

Cell Phone _____

Business Phone _____

I understand that this form will be utilized for all uncovered charges, copays, coinsurances, related to treatment and/or assessment at the Center. If for any reason this card is invalid, I agree to notify the Center.

Signature

Date

Clinician

*Questions or concerns about HVCD billing policies may be directed to the Practice Manager, Kim Brink, at (845) 787-1323