Card on File Authorization

Permission to charge a card stored by our payment processor, only for the items ticked below

No full card number and no security code on this form · the processor stores the card

Practice and client

Practice name | Clinician or billing contact | Phone or portal for billing

Client name | Cardholder, if not the client | Relationship to client

1. Card on file (copy from the processor record, never the full number)

Card brand | Last 4 digits only | Expires (MM/YYYY) | Stored in (processor or system)

Name shown on card statement | Card entered by and date (client portal, terminal, staff)

2. What may be charged (tick each that applies)

- ☐ Session fees, day of session
- ☐ Copay, day of session
- ☐ Coinsurance or deductible after claim
- ☐ Late cancellation fee
- ☐ No show fee
- ☐ Letters or reports, approved first
- ☐ Past due balance, after a statement
- ☐ Monthly plan or package

Session fee ($) | Late cancellation fee ($) | No show fee ($) | Maximum per charge without separate approval ($)

Session fees charged on | Missed session fees charged on | Balances after claims charged on

3. Notice, receipts, card fee and end date

Notice: ☐ Message before missed session fees ☐ Statement before balance charges ☐ Message before every charge

Receipts: ☐ Email ☐ Portal ☐ Text

Card fee or surcharge | Authorization ends | Notice (business days)

Revoke or update the card by (portal, email, letter) | Revocation takes effect within

Please read before signing

Card security: My full card number and security code are stored only by the payment processor. I will not write them on this form or send them by email or text.

Revoking: I may revoke this authorization in writing at any time. Fees for services already provided remain due and will be invoiced.

Insurance: Charges are limited to what my plan or program allows. No missed session fees are charged to clients with Medicaid coverage.

Disputes: I will contact the practice first. Errors are refunded to the same card. My rights with my card issuer or bank are not affected.

Cardholder name and signature | Date

Client signature, if not the cardholder | Date

Practice name, credentials and signature | Date

Office use: form version _____ copy given ☐ card verified ☐ old paper shredded ☐

Template to adapt. Not legal, billing or payment compliance advice. Never add fields for the full card number or security code.

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Card on File Authorization

Permission to charge a card stored by our payment processor, only for the items ticked below

FILLED EXAMPLE · fictional practice, clinician, client and card details

Practice and client

Practice name: Juniper Hill Counseling (fictional)

Clinician or billing contact: T. Nguyen, LMFT

Phone or portal for billing: Portal or (555) 010-0199

Client name: Riley M. (fictional)

Cardholder, if not the client: Same as client

Relationship to client: Self

1. Card on file (copy from the processor record, never the full number)

Card brand: Visa

Last 4 digits only: 4821

Expires (MM/YYYY): 08/2029

Stored in (processor or system): Practice payment processor (token)

Name shown on card statement: JUNIPER HILL LLC

Card entered by and date (client portal, terminal, staff): Client, via portal, 11/09/2026

2. What may be charged (tick each that applies)

- [x] Session fees, day of session
- [ ] Copay, day of session
- [ ] Coinsurance or deductible after claim
- [x] Late cancellation fee
- [x] No show fee
- [x] Letters or reports, approved first
- [ ] Past due balance, after a statement
- [ ] Monthly plan or package

Session fee ($): $150

Late cancellation fee ($): $75

No show fee ($): $75

Maximum per charge without separate approval ($): $150

Session fees charged on: Day of each session

Missed session fees charged on: Next business day

Balances after claims charged on: Not used

3. Notice, receipts, card fee and end date

Notice: [x] Message before missed session fees [ ] Statement before balance charges [ ] Message before every charge

Receipts: [x] Email [x] Portal [ ] Text

Card fee or surcharge: None added

Authorization ends: On revocation or 90 days after last session

Notice (business days): 1

Revoke or update the card by (portal, email, letter): Portal message or email

Revocation takes effect within: 1 business day

Please read before signing

Card security: My full card number and security code are stored only by the payment processor. I will not write them on this form or send them by email or text.

Revoking: I may revoke this authorization in writing at any time. Fees for services already provided remain due and will be invoiced.

Insurance: Charges are limited to what my plan or program allows. No missed session fees are charged to clients with Medicaid coverage.

Disputes: I will contact the practice first. Errors are refunded to the same card. My rights with my card issuer or bank are not affected.

Cardholder name and signature: Riley M. (fictional)

Date: 11/09/2026

Client signature, if not the cardholder: Not needed

Date:

Practice name, credentials and signature: T. Nguyen, LMFT (fictional)

Date: 11/09/2026

Office use: copy sent via portal 11/09/2026 · form version 2026-11 · card verified in processor · no paper card data

Template to adapt. Not legal, billing or payment compliance advice. Never add fields for the full card number or security code.

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Before You Use: Checklist

Ten checks before you keep a card on file, plus a log of every charge, refund and change

Before you use

- [ ] 1. The processor stores the card; you see brand, last 4 and expiry.
- [ ] 2. No field for the full card number or security code on any form.
- [ ] 3. Charge types named; amounts match fee and cancellation policies.
- [ ] 4. Maximum per charge set; larger charges need separate approval.
- [ ] 5. Medicare: same missed fee for all. Medicaid: no missed fees.
- [ ] 6. In-network contracts checked for what you may collect.
- [ ] 7. No surcharge, or card network and state rules followed.
- [ ] 8. Notice before missed fees and balances; a receipt every time.
- [ ] 9. Revocation, end date and dispute contact are on the form.
- [ ] 10. Copy given; old paper with card numbers cross-cut shredded.

Charge log: one row per charge, refund or change

	Date	Charge type	Amount	Card (last 4)	Notice sent	Receipt sent	Refund, dispute, change	Initials
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Charge types: SF session fee, CP copay, CO coinsurance or deductible, LC late cancellation, NS no show, LR letter or report, BAL balance. Never record the full card number or security code here. Log revocations and card updates with the date received.

Template to adapt. Not legal, billing or payment compliance advice. Never add fields for the full card number or security code.

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