



Boston Child Study Center

Expert Mental Health Treatment, Training & Research

Payment Authorization and Agreement

Boston Child Study Center requires all clients to provide a credit or debit card on file to be processed monthly in the amount due on your account. All credit or debit card information is stored in our electronic medical record, which maintains full HIPAA compliance as well as PCI compliance to ensure your personal and financial information is secure, respectively.

We are able to accept flex spending account cards however, if you choose to submit this form of payment you will also be required to submit a second payment authorization with a credit or debit card to be used in the event the flex spending account runs out of funds or is denied for any reason.

We also accept payment via check, which can be mailed or submitted to the front desk at the time of each of your appointments. If you submit payment via check and your account balance is zero at the end of each month your card on file would not be processed. If any remaining balance exists, your card on file will be processed for the outstanding balance.

Debit/Credit Card Authorization

Please complete the below fields to provide your debit card, credit card, or flex spending debit card to authorize the Boston Child Study Center, LLC to retain your card information on file and enroll your account in our monthly auto-payment system or as a backup payment if you choose to submit payments by check.

Card Type: V / MC / D / AMEX

Cardholder's full name (as it appears on your card): _____

Card Number: _____ Exp: _____ Security Code: _____

Billing Address: _____ City: _____ Zip: _____

Billing Phone: (_____) _____ - _____ Email to send statement/receipt: _____

Authorization:

I hereby authorize the Boston Child Study Center to charge the indicated credit/debit card in the amount due on my account. I guarantee and warrant that I am the legal cardholder for this credit/debit card.

Signature _____ Printed Name: _____ Date: _____