

PRA Credit Card Authorization

In order to ensure payment is processed at time of service, PRA allows for credit card authorization to be held securely to be kept on file. Please complete the information below so you can have session fees processed promptly to avoid future statement billing fees.

Patient Name: _____ Clinician's Name: _____

I, _____, authorize PRA Behavioral LLC to charge my credit card for:

Copays, Co-Insurance, Deductibles, Balances and Missed Sessions

Other Accounts to apply Credit Card on File?

Patient Name: _____ Clinician's Name: _____

Patient Name: _____ Clinician's Name: _____

I authorize PRA Behavioral LLC to keep my signature safely on file for future charges authorized by me as indicated above. I authorize email confirmation for receipts if checked below. I understand that this form is valid unless I cancel the authorization by written format. You can also remove your credit card via our patient portal

E-Mail Receipt to: _____
Email Address

Cardholder Name as it as it appears on the card: _____

Visa Mastercard HSA Card Discover AMEX Check Card Other _____

Credit Card #: _____ - _____ - _____ - _____ V-Code: _____

Expiration Date: ____/____/____ Billing Zip Code: _____ (Required)

CC Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number for Credit Card Holder - (____) ____ - _____

Cardholder Signature Initials Date