

CREDIT CARD AUTHORIZATION FORM

First, Middle, Last Name: _____

Date Of Birth: _____

A current credit card (including HSA/FSA cards with available funds) **must** be kept on file during active treatment.

All payments are processed through IVY Pay, a therapist-only, secure, HIPAA compliant billing provider.

- Please note that the charge will appear as “Ivy” on your credit card statement in order to protect your privacy.
- In order to set-up your credit card payment account, Dr. Vanessa Weinbach will enter your mobile number and initials into Ivy Pay. IVY will then text you a link to set-up your payment account, typically from an “833” area code. Please let the office know if you do not receive the text.
- Since you input all of your own card info and set-up your own account, Dr. Weinbach will never see or handle your credit card information.
- Please note that LATE CANCELLATIONS/NO-SHOW FEES will automatically be billed to this account. HSA/FSA cards cannot be billed for missed visits, so you will be responsible for providing another form of payment prior to any further visits.
- Ivy will store your credit card information in their secure, HIPAA-compliant system, which will allow the office to charge your copay/coinsurance/deductible payment automatically at each visit.

I give consent to set-up and charge my credit card for copayments/coinsurance/deductible payments/late cancellation/no-show payments through Ivy Pay and for Dr. Vanessa Weinbach to submit your payments for any scheduled visits. Kindly let Dr. Weinbach know in advance of a visit if you need to update your credit card on file.

Signature: _____ Date: _____

Signature: _____ Date: _____

Vanessa Weinbach, PhD