Gladstone
Psychiatry and Wellness

Telemedicine Payment Agreement
Consent to Bill Credit Card

Patient Name: _____ **Patient Date of Birth:**_____

CARDHOLDER INFORMATION

Name: _____
(AS IT APPEARS ON CARD)

Billing Address:_____
STREET

_____
CITY STATE ZIP CODE

Phone Number:_____ **Email:** _____

CREDIT CARD INFORMATION

Credit Card Type: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover Card

Card Number: _____

Expiration Date: _____ **Security Code:** _____

_____ (Initial) I, the undersigned, hereby authorize Gladstone Psychiatry and Wellness to deduct any payments/balance due for my telemedicine appointment from the debit/credit card account provided on this agreement.

_____ (Initial) I have been provided the opportunity to discuss my questions and/or concerns about this payment agreement with Gladstone Psychiatry staff. I understand that I am able to contact the Billing Department at Gladstone Psychiatry & Wellness at any time with further questions.

_____ (Initial) I understand that all balances must be paid at the time of service. All balances that remain unpaid in accordance to this agreement will be considered for a thirty-party collection agency.

_____ (Initial) I understand that I will be notified via phone, email, or mail, if Gladstone Psychiatry & Wellness is unable to process my payment. No less than two attempts will be made by Gladstone Psychiatry & Wellness to collect payment in a timely manner. I understand that no further telemedicine appointments shall be scheduled until payment is made in full or a payment arrangement is formed.

_____ (Initial) I agree that it is my responsibility to contact the Billing Department at Gladstone Psychiatry & Wellness if any changes need to be made to my billing information.

Please print and sign your name below to acknowledge your receipt, acceptance, and understanding of Gladstone Psychiatry's Telemedicine Payment Agreement.

_____
PATIENT NAME OR NAME OF
PARENT/ LEGAL GUARDIAN (PRINTED)

_____/ _____
PATIENT SIGNATURE OR **DATE**
PARENT/ LEGAL GUARDIAN SIGNATURE