

Alliance Clinical Associates, S.C.
7 Blanchard Circle – Suite 201
Wheaton, IL 60189
630-653-2300

Alliance prefers that all patients have a credit card on file. This conveniently assists in collection at the time of service and minimizes the need for other billing. Account numbers are kept secure. At any given visit you may choose to pay by cash, or check, or defer to the credit card on file.
Your cooperation is much appreciated.

**VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS
Authorization Form**

I authorize Alliance Clinical Associates, S.C. to process payments on my credit card for my sessions at Alliance and my physician's hospital fees (for copays, co-insurance amounts, deductibles, and for no show charges).

I also understand that I may revoke this agreement in writing at any time.

Credit Card (VISA, MC, AMEX, OR DISCOVER) **HSA** **Flex Card**

Patient Name

Address

Cardholder Name

City/State/Zip

Card Number

Month Year
Expiration Date

3 Digit Code on Back (These numbers are found on the back of your card after the card number – on the signature line.)

Signature

Today's Date

Note(s): _____