



# Barrington Behavioral Health Services, LLC

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## Credit Card Authorization Form

I authorize Barrington Behavioral Health Services to charge to my credit card fees incurred on my account for co-pays, deductibles, co-insurance, or any service that is not reimbursable by my health insurance plan. Barrington Behavioral Health Services is not responsible for any interest, late fees or penalties associated with credit card payment.

This authorization will be effective only upon acceptance by Barrington Behavioral Health Services. You may revoke this authorization, in writing, at any time by sending written notification to our office address. However, your revocation will not be effective to the extent that we have taken action in reliance on the authorization. You agree to notify Barrington Behavioral Health Services if your card becomes inactive through expiration or any other reason.

I authorize Barrington Behavioral Health Services to keep my driver's license and credit card information on file for verification.

Name of Cardholder:

Your Credit Card Billing Address:

City:

State:

Zip:

Phone Number:

Type of credit card:  Visa  MasterCard  Discover  American Express

Credit Card Number:

Expiration Date:

CVV:

Signature of Cardholder:

Date:

PLEASE NOTE: Please include a copy of the credit card and cardholder's valid photo ID.