Southern Minnesota
BEHAVIORAL HEALTH

Debit/Credit Card Pre-Authorization Form

Due to policy update, all clients are now required to complete this Pre-Authorization Form. Thank you for your cooperation. Any questions, please call the billing office @ 507-354-3181 ext 171.

I authorize Southern Minnesota Behavioral Health to keep my signature **on file and to** charge the credit card selected below for the following:

☐ **Balance remaining after claim (s) is (are) resolved not to exceed $_____ for:**

- ☐ This consultation only
- ☐ All consultations this calendar year
- ☐ All consultations from _____ (date) to _____ (date)

☐ **Recurring charges of $_____ to be charged every** _____ (frequency/date)

- ☐ From _____ (date) to _____ (date)

☐ **Charges for the following family members:**

_____ (authorized family member) _____ (authorized family member)

_____ (authorized family member) _____ (authorized family member)

Patient Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____ CVV_____

Cardholder Signature: _____ **Date**: _____

☐ Please call me prior to charging my credit card.
☐ Please mail me a receipt.

VISA MasterCard DISCOVER

Central Billing Office
Phone: 507-354-3181, Opt 3

Southern Minnesota Behavioral Health
1407 S State Street
New Ulm, MN 56073