

# Mindworks, Inc.

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## Credit Card Information

Unfortunately, Mindworks, Inc has had too many experiences with clients who have not paid copays and deductibles as requested, essentially walking away from their bill. If you choose not to allow a credit card on file, Mindworks, Inc will ask for payment in full every session-not just copays, but full payment of fees. This policy includes clients that Mindworks, Inc. is billing to insurance. Mindworks, Inc. apologizes that we find this necessary. Mindworks, Inc.. pledges that this information will be kept in a secured location and destroyed upon the completion of services and full payment of your bill.

Date: \_\_\_\_\_

Credit Card Type (circle):      Mastercard      Visa

Name of Cardholder: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_

Billing house/Apt. Number in address: \_\_\_\_\_  
(i.e. 3255 N. A.H. Road = 3255)

**I agree to pay the charges added to my credit card account by Mindworks, Inc. for charges in the following situations, with a 3.75% service fee added.**

\_\_\_\_\_ **(Please initial)** All unpaid or delinquent charges on my account will be charged to the credit card only if left unpaid for 60 days after an insurance claim for submitted date of service is settled and I have been notified through standard US mail.

\_\_\_\_\_ **(Initials if you would like to use your credit card for monthly copays and deductibles)**  
Please charge my credit card monthly for all my copays, deductibles, and any outstanding charges.

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Dated**

\_\_\_\_\_  
**Witnessed**

\_\_\_\_\_  
**Dated**

