Insight Psychological Group
David Helfgott, Psy.D. LLC
773 Central Ave. ■ Westfield, NJ 07090 ■ (908) 228-2740, fax (908) 721-0490 ■ info@insightpsychgroup.com

NPI# 1598184780 Tax ID: 46-5382812

ELECTRONIC PAYMENT AUTHORIZATION

Please indicate the card you wish to use for all services rendered through IPG. Charges for services will be deducted from the card designated below at the time of service. As per our policies, if your insurance reimburses you for your treatment, we reserve the right to charge your card the equivalent amount, in the event this payment is not forwarded to us within two weeks of receipt.

Client Information:

Client Name: ______________________ Date of Birth: ______________

Address: __________________ City__________ State: _____ Zip: ______

Home Number: __________ Mobile Number: __________ SSN: ____________

Email: ______________________________________

Billing Information:

Name on card: ______________________________________

Address: __________________ City__________ State: _____ Zip: ______

Email: ______________________________________

I authorize all service fees to be deducted from the card ending in ______ (last four digits of the card).

Please enter the CVV code ______ (three digits on back of card, four on the front for AMEX.)

I authorize the use of this card for all services and fees at the time they are rendered for the following patient(s):

Full Name(s) ______________________________________

I understand that this form authorizes IPG to charge this card for varying session types, across multiple dates of service. By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

______________________________ Date ____/_____/______

Cardholder Signature

Debit/Credit Card Information:

Please provide your payment information below. The card information you provide on this form will be destroyed once your information has been securely encrypted and stored.

Card (circle one): Visa MasterCard Discover AMEX

Card Number: ______________________Expiration Date: ____/_____/____