Mid Cities Psychiatry

Pre-Authorized Payment Plan Form

Name

DOB ☐ Male / ☐ Female Under 18 ☐ Yes / ☐ No

Address

Tel # e-mail

☐ Cash ☐ Cheque ☐ Credit Card ☐ Debit Card

Name of Card Holder			
Card # (last 4 digits only)	XXXX-XXXX-XXXX-		
Card Expiration Date		Card Security Code	XXX

I hereby authorize Mid Cities Psychiatry to charge my credit card account according to the following payment schedule. This authorization will remain in effect until the final scheduled payment is completed.

Each payment made under this agreement will be treated as though I/we had made it directly using my/our credit card. I/we are responsible for ensuring that the credit card information provided remains valid and can be charged for the payment of the monthly installments.

Late Payment Policy: If a payment is missed, a late fee of $25.00 will be charged, with an additional $3.00 per day accruing until the missed installment and all associated late fees are paid in full. Payments must be cleared at least five business days prior to the next scheduled appointment, or all subsequent appointments will be canceled. Late fees will not exceed 15 days. If the full balance is not settled within these 15 days via cash or an approved credit card payment, the account will be sent to collections, and the Mid Cities Psychiatry-patient relationship will be terminated.

Payment Plans for Outstanding Balances:

For balances exceeding $100, appointments will be scheduled only after the patient signs a payment plan agreement tailored to their financial situation.

Payment Plan Options:

- Up to $500: Monthly installments between $75 and $100.
- $501 to $1,000: Monthly installments between $150 and $200.
- Over $1,000: Monthly installments between $250 and $350

Total Amount Beginning Balance $_____

Cheque #s	Payment Date	Payment Amount	Balance

Name of Patient | Date of Birth

Name of Credit Card Holder | Date

Signature of Credit Card Holder | Date

MID CITIES PSYCHIATRY
200 Westpark Way, Euless, TX 76040
office: (817) 488-8998 <> fax: (817) 583-8923
info@MidCitiesPsychiatry.com <> www.MidCitiesPsychiatry.com

Seema Kazi, MD, PA