



## CREDIT/DEBIT/HSA AUTHORIZATION

FOR USE AS A CARD ON FILE (aka COF)

I authorize Lakes Center Mental Health Network to keep my card information on file and to use it automatically to keep my balance current. This includes paying for deductibles, copays, and missed appointments fees. The amounts owed are based on my insurance plan. I will refer to my EOB's (Explanation of Benefits) from my insurance to verify what I owe. A receipt/notification will not be provided unless requested.

---

Patient Name

---

Name on Card (if different)

---

Card Number

---

Expiration

Zip Code

CVV Code (3-digit or 4-digit for Amex)

---

Signature of Authorized User

COF Agreement Signing Date

This is the easiest and most efficient way to maintain your balance in order to continue treatment at the office. Treatment will be suspended if your balance is over \$200, and an approved payment plan is not in place. You can also pay by credit card over the phone, by check made out to LPCC, cash at the office, or on our website [www.lakescenter.com](http://www.lakescenter.com).

Please mail this form to the address below, fax to 248-859-2473, scan and email to [info@lakescenter.com](mailto:info@lakescenter.com), or leave at the office with any LC staff member.