



7 Blanchard Circle – Suite 201 • Wheaton, Illinois 60189 • 630.653.2300 • FAX 630.653.2895  
www.allianceclinical.com

Kenneth P. Phillips, M.D.  
Medical Director

Steve V. Jones, M.A., L.C.P.C.  
Barrett W. McRay, PSY. D.  
Directors of Professional Service

---

**VISA / MASTERCARD / DISCOVER / AMERICAN EXPRESS  
Authorization Form**

**I authorize Alliance Clinical Associates, S.C. to process payments on my credit card for my sessions at Alliance (for co-pays, co-insurance, deductible, and for no show charges).**

**Credit Card** *circle one* (Visa, MasterCard, American Express, Discover), HSA, Flex  
*Any payment over 500.00 will not be taken without card holder authorization*

\_\_\_\_\_  
Patient Name(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cardholder Name(s)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Card Number 1  
Circle one if Flex or HSA

\_\_\_\_\_  
Month / Year:

\_\_\_\_\_  
3-digit:

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

\_\_\_\_\_  
Code on back

\_\_\_\_\_  
Card Number 2  
Circle one if Flex or HSA

\_\_\_\_\_  
Month / Year:

\_\_\_\_\_  
3-digit:

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

\_\_\_\_\_  
Code on back

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

**Alliance prefers that all patients have a credit card on file. This conveniently assists in collection at the time of service and minimizes the need for other billing.  
Account numbers are kept secure. At any given visit you may choose to pay by cash, check or defer to the credit card on file.**

**Your cooperation is much appreciated**