



**1 Washington Street, Suite 4144
Dover, New Hampshire 03820
Telephone: 603-740-6371
Fax 603.742.1414**

Northeast Evaluation Specialists/ Stefanie Griffin PhD requires you to provide your credit/debit card information on file with us so we can automatically charge any co-pays, co-insurance, and deductible amounts. It is the client's responsibility to keep cards accurate and up to date. We store financial information and other protected health information in an encrypted, [HIPAA compliant site](#).

DISCLAIMER :

By typing your name below, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your manual signature I on this document.

Patient Name_____

Card Holder Name_____

Credit Card Number_____

Expiration Date_____

Security Code_____

Address_____

Your signature below indicates that you have read and understood our credit/debit card policy. You are authorizing Northeast Evaluation Specialists to charge the above credit card for payment toward your balance. You are aware that your information will be saved on file for a future transaction on your account.

Signature_____Date_____