

## Client or Authorized Person's Signature

- I authorize payment of medical benefits to Ronald L. DeLong, Ph.D. & Associates, LLC (also referred to as RLD, LLC). I agree to the insurance and payment guidelines, and understand I am responsible for all cost of all services not covered by my insurance plan.
- I authorize RLD, LLC to submit claims on my behalf.
- I authorize the release of any medical or other information necessary to process this claim or any further claims.
- I acknowledge receipt of RLD, LLC's Policy & Procedure Pamphlet. I have the opportunity to ask questions. I agree to abide by RLD, LLC's policies and procedure, and give my consent to be treated.
- If I am consenting for a minor, I attest that I have the legal status to do so.

I hereby consent to the provision of services by Ronald L. DeLong, Ph.D. & Associates, LLC and/or contractors. I agree to abide by the terms and conditions of this agreement and to hold RLD, LLC and/or contractors free and harmless from any claims, demands, and/or suits for damages from any injury or complications whatsoever, save negligence, and that may result from such treatment.

Printed Name : \_\_\_\_\_

Relationship to Client if not self: \_\_\_\_\_

Signature of Client or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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### For Co-Pays, Deductibles & Self-Pay

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at anytime by contacting us. This authorization will remain in effect until cancelled.

Please note that all credit card companies have a 2.6% fee when utilized for this service.

<b>Credit Card Information</b>	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____	
Cardholder Name (as shown on card):	
Card Number: _____	Security Code: _____

Expiration Date: (mm/yy): \_\_\_\_\_

Cardholder ZIP Code (from credit card billing statement): \_\_\_\_\_

I authorize Ronald L. DeLong, Ph.D. & Associates, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_