



Approved Credit Card Processing Program for Florida Psychological Association Members

**Enroll by
July 31, 2009
and we will
WAIVE the
Enrollment
Fee!**

DETAILS



- Visa, MasterCard, Discover, American Express
- Use the Availity CareCollect program, your existing equipment, or upgrade your equipment at a reasonable fee
- PIN Based Debit Available
- Variety of Check Processing Services, Gift and Loyalty Card Programs Available
- HIPAA and PCI Compliant
- Detailed Payment Reports, Virtual Terminal, Website Access, ACH Services and Recurring Payment Processing Also Available

BENEFITS



Save Money – Payment processing costs have been pre-negotiated on your behalf, and **EVERY FPA Member is offered a complimentary cost analysis.**



Increase Cash Flow – Collect your money promptly by offering clients various methods of payment including: credit cards, debit cards, and checks. Use ACH (electronic checks) to debit from a checking or savings account. No more waiting for your money!



Save Time – Use our recurring payment product and pre-authorization forms to automatically process recurring charges eliminating the need to manually enter the transaction each time a balance is due. Saves valuable time for your staff.



Other Services – Check verification, guarantee, and conversion, as well as gift and loyalty card programs are available.

QUESTIONS?



**Contact a dedicated
Florida Psychological Association - TransFirst
Provider Consultant at
(800) 577-8573
for additional information on this
exciting NEW Member benefit!**

A service that offers **MORE** options for **ALL** of your processing needs!

To receive more information about Payment Processing Services:

Call the TransFirst Health Services - FPA Program Team

(800) 577-8573

OR

Complete the form below and return to Attn: FPA Program Team

Fax: (877) 850-8502

Email: FPA@TransFirst.com

- Please contact me via telephone to discuss the details on these exciting services.
- Please e-mail additional information to the address below.
- Please conduct a merchant statement analysis for me (I have attached my last month's merchant statement for your review. I am sending you _____ number of additional pages with this fax.)

Office Name: _____

Contact Name: _____

Telephone Number: _____

Email Address: _____

**Activate YOUR Payment Processing Services Today
And Take Advantage of this Exclusive Member Benefit!**

