CREDIT CARD GUARANTEE

[ ] SELF-PAY PATIENTS

If you:

- Are uninsured
- Have insurance that does not cover the cost of mental health counseling or we are out of network.
- Or choose to pay out-of-pocket for other reasons,

then you are responsible for full payment at the time of services. As a convenience to you, we will automatically charge your designated card below on the day of services.

We charge a **missed appointment fee of $75** or a **late cancel fee of $45** in the event that you miss or late cancel your appointment without giving **24-hours' notice**.

[ ] INSURANCE PATIENTS

You are responsible for meeting your **deductible** and making **co-pays** or **co-insurance** payments **at the time of service**. As a courtesy to you, we will bill your health insurance provider on your behalf for the rest of the balance and wait up to 90 days for payment for their portion of the bill. Please remember, however, that you are ultimately responsible for payment and if not paid by insurance company, we will charge your designated credit card below for the amount of the claim.

Your insurance provider does not pay for missed appointments. If you miss an appointment without giving **24-hours' notice**, you will be charged a **missed appointment fee of $75** or a **late cancel fee of $45.**

I agree to the above terms and authorize you to charge my card.

____ __________________

SIGNATURE DATE

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CREDIT CARD: ❒ AMEX ❒ VISA ❒ MC ❒ DISCOVER

CARDHOLDER'S NAME ____

BILLING ADDRESS ____

____

City State Zip Code

CARD # ____ EXP. DATE __________

THREE DIGIT CVV NUMBER _________