

Financial Agreement & Authorization to Charge Credit Card

Client Name: _____

DOB: _____

- Co-payments/Self payments are due at time of service.
- Insurance policies are contracts between you & your insurance company. I file these claims as a courtesy and try to help with problems, but you need to resolve those beyond my control. If insurance is not paying within a reasonable time, you will be responsible for full payment.
- If I am not covered by your insurance company, full payment is due when services are provided.
- Any phone conversation over 5 minutes will be charged at a prorated fee based on \$100/hour. This is not covered by your insurance company.
- Any appointments scheduled but not kept, as well as any appointments cancelled within 24 hours of scheduled time will be charged at the rate of \$60. This is not covered by your insurance company.

Name on Credit Card: _____

Phone Number of Cardholder: _____

- I authorize Beth Miller, LCSW to charge my card for office charges through IvyPay.
- I understand that if my credit card does not accept the charge, I will immediately make the payment to the practice with another form of payment.
- I understand that I may cancel the authorization of my credit card at any time, but by doing so, I acknowledge that the balance owed will be due and paid in full at that time.

Signature of Cardholder

Date