

Payment Authorization Form

Patient: _____

Date of Birth: _____

Date: _____

Payment Method Details

Name on Card: _____

Card Number: _____

Card Expiration Month/Year: ____/____

Security Code: _____

Billing Address: _____

Billing Zip: _____

Billing City/State: _____

Acknowledgment

FEES AND PAYMENT FOR SERVICES

You may be required to pay for services and other fees. You will be provided with these estimated costs prior to beginning therapy, and should confirm with your insurance if part or all of these fees may be covered.

No-Show and Late Cancellation Fees

• If you are unable to attend therapy, you must contact your Provider before your session. **CANCELLATION / NO-SHOW POLICY:** Clients who do not cancel their scheduled appointment 24 hours prior to the appointment will be billed: \$70.00 for their therapist appointment.

Balance Accrual

- Private Pay Fees, Co-Pays, and Deductibles are to be **PAID AT THE TIME OF SERVICE**. Private Pay is \$150 for the first session and \$140 per session for each individual session thereafter. Couples Sessions are \$150 per session.
 - Full payment is due at the time of your session. If you are unable to pay, tell your Provider. Your Provider may offer payment plans or a sliding scale. If not, your Provider may refer you to other low- or no-cost services. Any balance due will continue to be due until paid in full. If necessary, your balance may be sent to a collections service.
- Your Therapist reserves the right to discontinue service should there be a continuous lack of payment on balance.

- **Administrative Fees**

- There will be a 3% surcharge fee added to all credit card transactions. This surcharge fee can be avoided by paying with debit, HAS/FSA, cash or check.

- Your Provider will charge administrative fees for writing a letter or report at your request; consulting with another healthcare provider or other professional outside of normal case management practices; or for preparation, travel, and attendance at a court appearance. These fees are as follows; \$30 to complete any form that the client asks to be completed. If the form is submitted for completion less than 24 hours before the form is due, the fee will be \$40. **Payment is due in advance.**

- **Insurance Benefits**

- Before starting therapy, you should confirm with your insurance company if:
 - Your benefits cover the type of therapy you will receive;
 - Your benefits cover in-person and telehealth sessions;
 - You may be responsible for any portion of the payment; and
 - Your Provider is in-network or out-of-network.

- **Covered and Non-Covered Services**

- When your Provider is in-network, they have a contract with your insurance company. Your insurance plan may cover all or part of the cost of therapy. You are responsible for any part of this cost not covered by insurance, such as deductibles, copays, or coinsurance. You may also be responsible for any services not covered by your insurance.

- The exact amounts will be determined by the insurance payments and the "Explanation of Benefits". The client pay portion is subject to change depending on the insurance payments.

- When your Provider is out-of-network, they do not have a contract with your insurance company. You can still choose to see your Provider; however, all fees will be due at the time of your session to your Provider. Your Provider will tell you if they can help you file for reimbursement from your insurance company. If your insurance company decides that they will not reimburse you, you are still responsible for the full amount.

- **Payment Methods**

- The practice requires that you keep a valid credit or debit card on file. This card will be charged for the amount due at the time of service and for any fees you may accrue unless other arrangements have been made with the practice ahead of time. It is your responsibility to keep this information up to date, including providing new information if the card information changes or the account has insufficient funds to cover these charges.

Wellness Counseling may utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization.

Printed Name:_____

Signature:_____

Date:_____