

## Credit Card Authorization/Financial Agreement

LifeCare Counseling requires that a client’s credit/debit card information be kept on file with us so we can automatically charge for psychotherapy services including co-pays, co-insurance, deductible amounts, any unpaid fees that insurance did not pay or cover along with any professional service charges such as late cancelation or missed appointment charges. Please note: Credit Card information is stored via a PCI-compliant, encrypted code with the following credit card processor: International Bancard. financial information and other protected health information in an encrypted, HIPAA-compliant website.

Payment is required at the time of service. LifeCare Counseling can provide a statement upon client request. If for any reason a balance accrues and no payment is received, we reserve the right to seek payment for services including using the credit/debit information we have on file. We may be able to work out a client payment plan that includes a reasonable period for resolving any unpaid balance fees. If the client’s balance remains unpaid, we reserve the right to suspend services until the balance is paid in part or in full.

I understand that I can request my credit card be removed (written or verbal request) but that it is my responsibility to update and/or change any credit card information so to ensure accurate information and/or funds are available. I agree to not dispute charges (charge-back) for sessions that I have received, authorized or for late cancel or missed appointments (per LifeCare appointment policy).

### CREDIT CARD INFORMATION OF RESPONSIBLE PARTY

Please complete your credit card information below:

Card Type (circle one):    VISA                    MasterCard                    American Express                    Discover

Name as Printed on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

**By signing below, I authorize LifeCare Counseling to keep my credit card on file and to charge my credit card for:**

- Psychotherapy services (Self-Pay Rate and/or balances not covered by Insurance)
- Copayments
- Deductible
- Missed/Canceled Appointments-without a 24-hour notice (unless there are extenuating circumstances).
- Returned check Fee
- Unpaid Balances

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

Parent/Guardian Signature (if minor): \_\_\_\_\_