Guiding Change Psychotherapy LLC credit card policy

Rev. 10-28-2016

Your signature at the end of this document will indicate that you have read, understand, and agree to the policies outlined below.

Purpose: As a convenience to our clients, Guiding Change Psychotherapy LLC accepts payment for services with a valid credit card kept on file. The card on file can be used for payment of services, including co-pays, self-pay, and any balance due.

We accept MasterCard, Visa, Discover, and Health Saving Account (HSA).

Procedure:

- When you provide us your credit card, a photocopy will be made of the card, and the information will be electronically stored in our password protected software.
- If you are using insurance, we will bill your insurance carrier as a courtesy for all charges related to your visit.
- When we receive an explanation of benefits (EOB) from your insurance and a balance is due, we will contact you by phone five days prior to your card being charged.
- You are responsible to update our office if your phone number changes. If we cannot reach you or if your phone number is disconnected we will bill your credit card for your balance.
- If we attempt to use your card and it is declined or has expired we will contact you and you will be responsible for updating our records with a new credit card and for the balance on your account.

Please remember that this policy does not restrict your right to appeal any charge made to your credit card. Should you feel that we have charged your card in error, you may contact our office. If a mistake has been made we will reverse the charges.

I have reviewed a copy of Guiding Change Psychotherapy's billing policy and agree to provide my credit card information for the sole purpose of payment for my medical care. Your signature will authorize the card to be used only when a balance becomes due.

_____	_____	_____
Name as it appears on your credit card	Card Type	Last 4 digits of card

_____	_____
Signature of Authorized User	Date

This is not a receipt. This is a contract agreeing to pay for services once client liability has been determined. The terms of this contract are outlined below.

Guarantor initials: _____. I agree to allow the practice to charge my credit card during the effective period for the balance due, as determined by the final adjudication of all claims included under this contract. I agree to the final adjudication amount as defined by my insurance company, with exceptions as noted below. I also agree to allow the practice to charge my credit card for missed appointments and late cancellations, as per the practice policies. I agree to these charges under the following conditions:

- The charges will take place upon receipt, or within a few days, of the final explanation of benefits from my insurance company.
- The amount charged to my card will not exceed $500.
- I will receive a bill for any balance greater than $500 for which I will send prompt payment to the office.
- I will receive a receipt for any amount charged to my card once the transaction has been executed.
- I may cancel this agreement at any time by contacting the practice.

_____	_____
Cardholder Signature	Date:

I agree to pay the above total amount according to the card issuer agreement.