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**CREDIT CARD GUARANTEE**

**FOR PERSONAL BALANCES**

**\_\_ Uninsured Clients**

Clients who are uninsured or whose insurance does not cover the cost of mental health counseling are personally responsible for payment. Any balance not paid by the end of the week will be automatically charged to your designated card below. In addition, this card will be charged $50 for appointments cancelled less than 24 hours before your appointment.

**\_\_ Insurance Assignment**

Our Insurance Assignment Program is designed to keep your out-of-pocket expenses to a minimum. We will bill your health insurance carrier on your behalf and wait up to 90 days for payment. Please remember, however, that you are ultimately responsible for payment. On Day 90, if the bill has not been paid by your insurance company, we will charge your designated credit card below for the amount of the claim. Any payments made on these claims thereafter will be immediately refunded to you. In addition, this card will be charged $50 for appointments cancelled less than 24 hours before your appointment.

CARDHOLDER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CARD#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRATION DATE\_\_\_\_\_

THREE DIGIT CID NUMBER\_\_\_\_\_\_\_\_

I agree to the above terms and authorize you to charge any payment not paid by the end of each week to the above credit card

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Client Signature or Guardian (if under 18) Date