

Billing and Payment of Fees

Payment is expected at the time of your appointment unless other arrangements have been discussed and agreed upon in advance. Your health insurance company may reimburse New Life Counseling for your psychotherapy. However, you are responsible for any deductible, co-payment or balance applicable to your individual policy. New Life Counseling asks all clients to submit a credit card authorization sheet. In the unlikely event that you have a balance owed for more than 60 days, New Life will charge the overdue amount to your account and notify you of this charge by mail.

CREDIT CARD AUTHORIZATION FORM

To be used only for bills 60 days overdue unless you specify otherwise below.

NAME: _____
(Please Print)

CLIENT NAME: _____
(Please Print) (if different from credit card name)

TYPE OF CARD: Visa___ Master Card___ Discover Card ___ Debit Card___

CARD #: _____

EXPIRATION DATE _____ 3-DIGIT CODE _____
(last 3 digits back of card)

ZIP CODE _____ (where credit card bill is mailed)

SIGNATURE _____ Date _____

If you want New Life Counseling to charge your fees for service to your credit card at each instance that services are rendered, please sign here.

SIGNATURE _____ Date _____

If your credit card information changes, please let us know as soon as possible. Thank you.

New Life Counseling ~ 130 West Third Street ~ Dover, OH 44622 ~ 330-343-6600