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 and services rendered.

New Life Counseling allows clients to place a credit or debit card in file by using this form as an authorization to use that card for services. This service, if you choose to use it, is provided to make it easier to pay on your account at the time of service. If you have a card on file you will be asked at the time of service if you wish for the card to be charged and if you want a receipt for the charge. In the event that there is a balance on your account, you will be notified of the balance on the account, the amount charged to that account and a receipt will be sent to you by mail. The completion of this form and your signature below serves as authorization by you to allow New Life Counseling to utilize this form of payment for your account.

CREDIT/DEBIT CARD AUTHORIZATION FOR PAYMENT FORM

NAME ON CARD: _____
(Please Print)

CLIENT NAME (Please Print):_____

THIS CARD IS A **CREDIT CARD**: ☐ YES ~ ☐ Visa ☐ Master Card ☐ Discover Card ☐ American Express

THIS CARD IS A **DEBIT CARD**: ☐ YES

CARD #: _____

EXPIRATION DATE _____ 3-DIGIT CODE_____(from back of card)

ZIP CODE _____
(where credit card bill is mailed)

My signature below authorizes New Life Counseling to charge the above credit or debit card for any fees associated with my account. Fees for services may include:

- Deductibles, co-pays, or co-insurances related to my health care coverage which are due at each session;
- Fees charged if I do not show for a scheduled appointment or cancel an appointment within 24 hours of my scheduled session time;
- Non-Sufficient Funds fees if a check presented is returned;
- Any other fees which may be charged to my account for services rendered by New Life Counseling which are ineligible for coverage by my insurance company.
- Account balances which may occur due to non-payment of services by my insurance company or due to changes in my benefit coverage

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