CCG Collaborative Counseling Group

Missed Appointments and Unpaid Balance Payment Agreement

Per my understanding of the signed Financial Practices Agreement, I authorize Collaborative Counseling Group, LLC, to charge my credit or debit card (whichever is supplied below and copy of same has been taken in lieu of having the physical card) in the amount of seventy - five dollars ($75.00) on or about the day of my missed appointment.

I also authorize charges related to any and all fees due on my account that remain unpaid after 30 (30) calendar days from the date submitted to insurance or date of service if insurance is not being used that I am responsible for including (but not limited to): co-pays, co insurance, unmet deductibles, failure to complete coordination of benefit (COB) forms or if the insurance company deems me as "ineligible" for benefits (i.e., I am not covered). This information is often printed on insurance company's EOB (Explanation of Benefits) sent to both the provider and the insured party after the insurance company is billed for the visit.

At no time will this credit or debit card number (without card present to be swiped) be used routinely to pay for my bill unless express permission is indicated below. Otherwise, this agreement applies **only** in the event the client below has not given 24 hours notice prior to a scheduled appointment as agreed to and/or attempts to collect payment in a timely manner described above have failed.

Alternatively, I agree to provide a check in the amount of the initial session for $180 made payable to CCG which will be held until such time that insurance reimbursement is received and copay paid. I understand this check will be deposited in the event insurance does not pay and/or I incur an outstanding balance. Any overage will be refunded.

Signature: _____ Date_____

Printed Name: _____

Name as it Appears on Card_____

Billing Address including zip code where Credit/Debit Card Bill or Bank Statement is received:

_____

Credit Card: Visa or Mastercard Only (circle one)

Card Type: Credit or Debit (circle one)

Card Number: _____

Expiration Date: _____

Three Digits on back of card: _____

Signature granting permission to use card for copays and deductible routinely_____