

# Miriam Vinton LPC

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## CREDIT CARD POLICY

Per our FINANCIAL POLICY AND PATIENT AGREEMENT, if you do not show for an appointment or cancel with less than 24 hour notice, you will be charged for the full session rate; except in cases of an emergency.

Additionally, it is my policy to collect any fees at the time services are rendered that are your responsibility. If you do not make payment your credit card will be charged as indicated below:

If you have insurance and your co-pay is unknown, an initial fee of \$20.00 will be charged. After your claim has been adjudicated by your insurance company, a refund or credit will be applied to your account if your co-pay is less, or additional charges if your co-pay is more.

If you do not have insurance, you will be charged my standard rate of \$110.00 per 55 minute session.

If your EOB (Estimation of Benefits) for a session indicates you have not met your deductible, the amount of the deductible for the session will be charged.

If the Insurance Company you provided says that you do not have coverage with them you will be charged my standard rate for a 50 minute session.

If you are being billed monthly and you fail to remit payment according to the invoice due date, you will be charged the invoice due amount plus any back charges and any interest that may apply.

A credit card number will be kept on file during the course of treatment and will be charged on the date any charge was incurred and not paid. Your credit card information will be deleted when you terminate services with Miriam Vinton LPC.

I authorize Miriam Vinton LPC to charge the following card for the charges specified above. I certify I am the authorized cardholder of record and that I have full authority to make purchases on behalf of the account provided.

**Name on Card:**

**Card Type:**   .....**Master Card**   .....   **Visa**   .....   **Discover Card**

**Number:**

**Exp. Date:**

**Security Code:**

**Billing Zip Code:**

*I understand that if, for some reason, the charge cannot be processed on the credit card listed above, I am still responsible for payment.*

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**Signature of card holder**

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**Date**

**Authority to Sign:**   .....

**Self**

**Parent**

**Legal Guardian**