

REQUIRED

Credit/Debit Card/Deposit Authorization Form
All information will remain secured and confidential.

You will be able to provide payment of your choice at each time of service. However, a credit/debit card or \$100 cash deposit is **REQUIRED** to be on file, regardless if you are using insurance or not. This credit/debit card or cash deposit will be used for any remaining balance after any applicable insurance claims (if insurance is used) or fees have been processed (e.g., co pays, co insurance, deductible, self-pay fees, no-show/late cancel fees). If your credit/debit card is declined at the time of collection, you will be required to leave a cash deposit for any future transactions. If your cash deposit is depleted to cover any charges on your account, you will be required to re-establish this deposit to be held for any future fees that are not paid in advance. If a balance remains on your account, it will be refunded.

Since insurance policies and benefits differ among plans, we are unable to know the specifics of your insurance policy. While Spectrum Psychology & Wellness, LLC will assist you in filing your insurance claim as a courtesy to you, knowledge of your insurance contract and its limitations are not our responsibility, and you are responsible for the balance of your account in full, whether covered by insurance or not.

SP&W requires at least 24 hours' notice prior to canceling an appointment and 48 hours for neuropsychological evaluations. Because we offer appointment reminders and commonly have a waiting list, missed appointments that were not canceled with 24 hours' notice (48 hours for neuropsychological evaluations) will incur a charge to your credit/debit card on file at the full rate of \$135 and \$300 for neuropsychological evaluations. Late cancelations and/or arriving 15+ min. past your scheduled appointment time will incur a charge at the rate of \$80. This fee cannot be charged to insurance. The benefit of reserving your therapist's time specifically for your session is that you rarely have any significant wait time. However, if you fail to keep your appointment, or fail to cancel more than 24 hours prior to the session (48 hours for neuropsychological evaluations), this block of time is no longer available to others and will still be billed to you.

I am authorizing Spectrum Psychology and Wellness, LLC to charge my credit/debit card for any balance due on my account from any services related to my treatment at Spectrum Psychology and Wellness, LLC.

Cardholder/Depositors Printed Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard **___ NOT ACCEPTED AT THIS OFFICE ___ AMEX**
 ___ HSA Card ___ DEBIT CARD

Credit/Debit Card Number: _____

Expiration Date: _____ CVV/CVC # (Three digits on back of card): _____

 Cardholder/Depositors Signature

 Date