



## **SELF PAY, BCBS, AETNA & UNITED HEALTHCARE CLIENTS**

**COPAYS, CANCELLATIONS & NO SHOW/NO CALL POLICY:**

### **(NO COPAYS FOR MEDICAID CLIENTS/FORM NOT NEEDED FOR MEDICAID CLIENTS)**

Please be advised that your credit card below will be charged for copays or underpayments for your appointments as applicable. Cancellations and re-scheduled sessions will be subject to a full charge if appointment cancellation has **NOT BEEN RECEIVED AT LEAST 24 HOURS IN ADVANCE**. If you are late for a session, please be aware that you may lose some of that session time.

**Please remember to cancel or reschedule 24 hours in advance of your scheduled appointment.** If you do not, you will be responsible for the entire cost of the session. We cannot file insurance if you do not attend a session and therefore we will charge you for the full amount that your insurance allows for a therapy session, if cancellation is less than 24 hours of the scheduled session. **You will be charged the full amount of the session for a NO SHOW to your appointment, not just your copay amount.**

For Copays, by signing this form you are authorizing Coastal Haven Counseling to charge this credit/debit or HSA/FSA card after each of your sessions going forward for as long as you continue therapy appointments with Coastal Haven Counseling LLC, or if your insurance company does not cover or pay for your claims. This card will be charged unless an alternative form of payment is made at the time of appointment. By signing this form you are agreeing to this charge each time you attend a counseling session to be billed to your credit/debit/HSA/FSA card below.

**I authorize Coastal Haven Counseling, LLC to charge my credit, debit, or HSA/FSA card for session fees, copayments, missed appointments, and any outstanding balances on my account. I understand and agree to the following:**

- A 3.1% + \$0.30 per transaction credit card processing fee will be added only to credit card payments to cover processing costs charged by the merchant payment processor.
- Debit cards and HSA/FSA cards will NOT be charged a processing fee.
- Cash payments are accepted as an alternative payment method and are not subject to this fee.
- Checks **are not** accepted as a form of payment.
- My card information will be stored securely through TherapyNotes' encrypted payment processing system for future authorized charges related to services rendered.
- I may revoke this authorization at any time by submitting a written request, understanding that revocation does not affect payments already processed.

**\*If you do not want your therapist to use your card on file for your session payment, you must notify them prior to your session so you can pay with an alternative payment method offered above.**

By signing this 2 page form, you acknowledge that you have read and understand this policy and authorize **Coastal Haven Counseling, LLC** to securely charge your card in accordance with the terms outlined in this form.

**Please Select One Card Type:**

Credit Card       Debit Card       HSA       FSA

Client Name: \_\_\_\_\_ **CARDHOLDER NAME:** \_\_\_\_\_

**Cardholder** Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Credit Card Info: *(For Self-pay, BCBS, Aetna or United Healthcare Clients ONLY)***

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

**Your signature confirms your understanding and agreement to our policy above. Thank you.**

Print **Cardholder Name:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE ONLY:** Entered into TN system by: \_\_\_\_\_