



AUTHORIZATION FOR CREDIT/DEBIT/HSA CARD

I, _____ authorize **Shana Kemp-Price, Counseling Associates LLC dba Modern Therapy LLC**, and/or its billing company to charge my credit/debit/HSA card for services rendered to myself and/or clients listed below. In providing us with your card information, you are giving **Shana Kemp-Price, Counseling Associates dba Modern Therapy LLC**, or designated billing company permission to automatically charge your card on file for the following fees and/or balance(s) for you and/or other clients listed on form at time of service.

Co-pay/Co-insurance/Deductible: The amount defined by the client's insurance company for behavioral health services that are due at time of service. Card will be charged at rate of benefits as quoted by client's insurance company. If an EOB (Explanation Of Benefits) shows a copay/co-insurance/deductible rate which differs from quoted/charged copay/co-insurance/deductible, company will appropriately and retroactively correct charge to client. **Additionally, if EOB shows client is not covered for benefits, card will be charged at the self-pay rate.**

Self-pay: The clinician's fee for service when insurance and/or employee assistance programs do not apply. Card will be charged at time of service unless otherwise noted.

Denial/Reversal of insurance: Card will automatically be charged for services rendered if claim is denied or reversed.

No Show and Late Cancellation Fees: The fee listed in the *Office Billing and Insurance Policy*.

Outstanding Balance: If the client's insurance provider has paid their portion of the bill and there is still an outstanding balance owed, **card will automatically be charged.**

I authorize **Shana Kemp-Price, Counseling Associates LLC dba Modern Therapy LLC**, to charge the above fee(s) and outstanding balances to my credit/debit/HSA card:

Visa___ Mastercard___ Discover___ American Express___

Credit Card # _____

Expiration date: _____ Security Code: _____

Address associated with Card: _____

Card holder's name (please print): _____

Signature: _____ Date: _____