

Julie Hanson, LCSW

Credit Card On File Agreement

Please be advised of the following terms of our Financial Policy Agreement:

Outstanding Bills: It is not my policy to carry balances with my clients. CoPays are due at the time of service. Unless there is a Financial Hardship Form approved and on file, I will charge co-pays each session and/or charge deductible/co-insurance after insurance has processed the claim or at month end.

Missed Sessions: Any missed sessions or cancellations without 24 hour notice will be charged to your designated card.

Client Name: _____

Credit Card Type: VISA MasterCard

Card Holders Name: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

I agree to the terms above and authorize Julie Hanson, LCSW to bill my credit card for any unpaid balances or for any missed appointments.

Signature: _____ **Date:** _____

