

Samantha Zurek, MA, NCC, LCPC
1805 N. Mill St. Ste. B
Naperville, IL 60563

Authorization to Secure Payment

I, _____ authorize Samantha Zurek, MA, NCC, LCPC, Dr. Kimberly A. Lemke, P.C. and those working on the practice's behalf, to process payment on my Visa, MasterCard, or Discover Card for any balance due that has not been paid **30 days after it has accrued.**

I understand if the appointment is missed and I do not follow the cancellation policy as specified, Samantha Zurek, MA, NCC, LCPC, Dr. Kimberly A. Lemke, P.C. and those working on the practice's behalf, are authorized to charge my credit card the same day as the missed appointment.

I understand that if my card is declined, Samantha Zurek, MA, NCC, LCPC, Dr. Kimberly A. Lemke, P.C. and those working on the practice's behalf, may put my credit card payment through on another day when funds become available.

I understand that I have given Samantha Zurek, MA, NCC, LCPC, Dr. Kimberly A. Lemke, P.C. and those working on the practice's behalf, my credit card information to keep on file. I further understand that if I miss a scheduled appointment or fail to provide 24 hours notice, my credit card will be charged the full amount of the session.

I have read and understand this form. I attest that the information below is true and accurate.

Signature of Cardholder

My credit card information is as follows:

Cardholder's Name	Client's Name
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Credit Card Account Number	Expiration Date	CVV
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Address	Zip Code
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Is this a debit card? Is this an HSA card?
 Yes No Yes No

Today's Date

Please indicate if you would like your session Co-pay automatically charged to your

Credit card. Yes No Amount of Co-Pay _____

By providing the following e-mail address, I give Samantha Zurek, MA, NCC, LCPC, Dr. Kimberly A. Lemke, P.C. and those working on the practice's behalf, the authorization to communicate with me/ and or submit a bill to the e-mail address listed below. I also understand that by providing the following e-mail address, I accept the HIPAA risks associated with electronic submission of data.

E-mail Address: _____

