

Financial Policy

It is the policy of **Gilbert Counselors, LLC** to obtain and maintain on record a valid Visa or MasterCard and authorized signature. This will remain in your confidential file as a guarantee of payment and allows us to avoid having to take collection actions against any client.

If you elect to use your insurance benefits to pay for services, you will still need to complete this entire form. We encourage you to contact your insurance prior to your session to verify benefits. If you or our office has not had the opportunity to verify insurance prior to your appointment, we will collect the standard cash rate according to the provider that you are seeing. We will bill your insurance as a courtesy but we cannot guarantee payment. Ultimately payment in full for services is your responsibility. Our billing department will make every attempt to collect from your insurance company.

The signed credit card collection policy is for services at the office of **Gilbert Counselors, LLC**. By signing below, you hereby authorize me to collect any outstanding amount, including co-pays, on your credit card listed below. **This includes missed appointment fees, which will be charged on the day of the missed/cancelled appointment when 24 hours' notice is not given.**

Client's Name: _____

Please circle **Visa** **MasterCard** **AM EX Discover** **DEBIT** **CREDIT** **HSA**

Card Member Name: _____

Card Number: _____ **CVU#** _____

Expiration Date: _____

ZIP CODE: _____

Card Member Signature: _____

Email address: _____

Telephone Number: _____

Date: _____

Therapist: _____