

TurningPoint Counseling
19563 E Mainstreet, Suite 206G
Parker, CO 80138
Telephone: 760 608-3746

Lisa McSeveney, LMFT

Billing, Credit Card Authorization and Insurance Information

Client Name _____ Birth Date ____/____/____

GUARANTOR INFORMATION (Person responsible for the bill):

Name _____ Birth Date ____/____/____

Address _____ City/ST/ZIP _____
(If different from patient)

Home Phone _____ Work _____ Cell _____

You may release information necessary for billing to this person. Yes No

CREDIT CARD AUTHORIZATION:

Credit Card #: _____ Expiration: _____

VISA MasterCard 3-digit Security Code _____

I, _____, authorize Lisa McSeveney, LMFT – TurningPoint Counseling, PLLC to use my credit card information to charge my credit card in the event that:

1. An appointment is missed (full fee charged)
2. An appointment is cancelled less than 24 hours in advance (full fee charged)
3. A check is returned for any reason (check amount, plus \$35 NSF fee)

I, _____, authorize Lisa McSeveney, LMFT – TurningPoint Counseling, PLLC to charge my card for the amount not covered by insurance (deductible, weekly co-pays or co-insurance).

Card Holder Signature _____ Date _____

Client Insurance Information

Name of Insured _____ Date of Birth ____/____/____ SSN ____ - ____ - _____

Employer: _____ Employer Address: _____

City _____ State _____ ZIP _____

Insurance Carrier _____ Member ID _____

Group # _____ Provider Phone (listed on back of card) _____

Co Pay: \$ _____ Deductible: \$ _____ Deductible Left: \$ _____ Yearly Max: _____