Haven Counseling

Health Savings Card Authorization Agreement

Please complete the following information for health savings card. This form will be securely stored in your file and may be updated upon request at any time.

I, ____, authorize Haven Counseling to use my health savings card information to charge my health savings card for:

1. Co-payments
2. _ Deductible amount as determined by your insurance company
3. _ Therapy session that you have authorized that is not covered by insurance
4. _ Cancellation of my appointment less than 24 hours in advance (business day) no shows or missed appointments.
5. _ Legal/court fees

I, **will not** dispute charges ("charge back") for sessions I have received, authorized, nor appointments I have missed according to the above policy or Haven Counseling's policy and professional disclosure.

Name as Printed on Health Savings Card: ____

Health Savings Card

Card #: ____ Expiration Date: _________________

CVV Code /Security Code (3 digit code) ____

Billing Address: ____

City: _____________________________________ State: __________________ ZIP ______________

By signing below, I am authorizing Haven Counseling to charge for missed and scheduled appointments, copays, authorized services, and deductible amounts.

____ _________________

Patient's Signature Date

____ _________________

Patient's Printed Name Date