

# LYNNE MOSER, LCSW

LICENSED CLINICAL SOCIAL WORKER

917.605.1006

## Credit Card Agreement

Lynne Moser, LCSW, LLC requires that clients secure credit card transactions through IVY PAY for expedient payment. By signing below you permit Lynne Moser, LCSW, LLC to automatically charge the credit card (securely on file with IVY PAY) for services and outstanding balances. **IVY PAY, a HIPAA-compliant payment system designed exclusively for therapists, will be utilized and no one, including Lynne Moser, will have access to your specific credit card number or related information.**

**Fee for Service:** The fee for session is due at the time of office or virtual visit. You may still choose to make your payment in advance by check, cash or upload a new or replacement credit card when necessary. Other payment arrangements can be made by request (to be received in advance of your scheduled appointment).

**Outstanding Balance:** If an outstanding balance is due, Lynne Moser will notify you via text or e-mail. Any balance owed will be charged to your credit card through IVY PAY. You will always have the ability to dispute a charge or discuss detailed determination of payment and, if an error has occurred, fees will be refunded.

This card will only be authorized for the use of the credit card holder or any person(s) listed below by him/her. If you wish to add an additional person, please send a request by email. The card holder may also revoke this consent at any time in writing while understanding that continued service will not be available if an unpaid balance accrues. *This agreement will expire upon termination of services and settlement of final balance.*

**Clients are expected to add their confidential card information after receiving an invitation by text from IVY PAY to ensure expedient payment for service.**

**Other person(s) with permission to use this credit card (if none, strike through and initial):**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Credit Card Holder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_