**Update - Credit Card Information**

Required for all clients ***\* Please read as you are responsible for this information***

**Policy for all Non-Medicaid Insurances or Private Pay:**

Family Ties Counseling **requires** that an active credit or debit card be kept on file for **all** clients. Unfortunately over the past years there have been an exorbitant amount of non-payments that have required the use of a collections service. By holding a credit card on file, our hope is to cut down on missed and forgotten payments. Ultimately, by having a credit card on file, we are able to avoid the use of collections for clients that inadvertently get behind in payments, may have moved, or are having difficulty getting their mail.

This authorization will be kept on file in the HIPAA compliant online virtual terminal that is password protected for your safety. Once your CC information is entered into the system, the authorization signature will be kept on file, but the CC number will be shredded.

1. The credit card will be used automatically in the case of a no-show or a late cancellation (less than 24 hour notice).
2. The card will be used to bill deductible amounts or co-payments that have not been collected within six weeks of the date of service. In other words, if you accidently forgot to make a payment on the date of service, or a bill has been sent, but payment has not been received within six weeks of the date of service, the amount will automatically be billed to your card.
3. In the event that a check is returned with insufficient funds, a $20.00 fee will be billed to the card.
4. In the event that insurance refuses to pay for services. It is the client’s responsibility to ensure that their insurance is active and that their policy covers mental health services starting with the first appointment. If the insurance is having difficulty resolving a billing problem, it is the client’s responsibility to resolve this issue with their insurance company.
5. In the rare event that materials including videos or books are borrowed and not returned, the card will be charged for replacement cost of the item(s).
6. If a card is declined or rejected for insufficient funds, the card will tried again on subsequent days/weeks until the payment is accepted. A $3.00 fee will be added each time a payment is denied. If the payment remains unpaid within a month, you will be notified and payment will be required immediately for services by check or cash.
7. In the event that a client elects to also use this card number for weekly deductible, copayments or cash payments,

By signing, you understand that the credit card will be billed as stated above, ***without verbal consent*** at the time of the charge. A receipt of the transaction will be either mailed to your home address, or by email, if you have provided one in your records. Because most individuals prefer to use different methods of payment from session to session, this information will only be used as stated above and not as the card authorized for payment at each session. In the case that a family member or other person agrees to payment for sessions, a separate form should be submitted.

**Policy for Medicaid Insurance:**

Medicaid used for a child in ***foster care are* EXEMPT** and do not require a credit card on file. All other Medicaid only insurance clients *cannot* be charged for missed appointments, late cancellations or any other services. Because of this, when a Medicaid client misses appointments without proper notice, the chart can be closed and the case transferred to another clinician. However, in the event that the Medicaid insurance lapses (and an appointment has already occurred), the client will be responsible for the costs of that session. The credit card information will be used ONLY in the event that the insurance is no longer active on the date of a session. It is the client’s responsibility to ensure that their policy remains in effect.

**I agree to the credit card policy stated above and elect to continue treatment with Family Ties Counseling, Inc. Your signature remains active until there has been inactivity for six or more months, or the chart is closed. I promise that I will not contest any payments for services that are rendered according to this policy.**

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Name *(or parent if client is a child)* Date

*Family Ties Counseling, Inc. takes your security seriously. However, no one can provide a 100% guarantee that an online system cannot be breached. By signing, you are saying you understand and accept these risks. You can cancel this at any time in writing and the credit card information will be deleted from the system.*

**Credit Card Information**

Required for all clients

***Please read the policy before providing this information***

Check One:

**Authorization to keep the card and use only as needed (per the policy above):**

❒ I authorize Family Ties Counseling, Inc. to maintain the following credit card information in the HIPAA compliant secured system to be used only as indicated in the policy above. This signature may be kept on file to authorize payment on all allowable expenses.

**Authorization to keep the card needed AND to pay for weekly sessions:**

❒ I authorize Family Ties Counseling, Inc. to maintain the following credit card information in the HIPAA compliant secured system. The card may also be used as automatic payment of deductible, copayments, or cash payments as each session occurs. I authorize the use of this signature on an ongoing basis so that I do not have to sign at each use.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(client or parent if client is a child)*

The number below will be cut off and shredded per the credit card policy

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Type of Credit Card *(circle one)*: Visa Mastercard HSA cannot be used here but can be used for session payments.

Name as it appears on your Credit Card:

Address to which your account is attached:

Street:

Apt# if applicable:

State: Colorado (circle if mailing address is in CO) or other State:

ZIP:

Credit Card Number:

Date of Expiration:

Code on Back (3 digits):