

Westport Counseling & Therapy

177 Post Road West • Westport, CT 06880 • 203-493-1151 • Iso@westportcounselingtherapy.com

Missed Appointments and Unpaid Balance Payment Agreement

Per my understanding of the signed Informed Consent to Psychotherapy, I authorize Westport Counseling & Therapy to charge my credit or debit card (whichever is supplied below and a copy of same has been taken in lieu of having the physical card) in the amount of my agreed upon rate for my missed appointment or unpaid balance.

I also authorize routine charges related to any and all fees due on my account (including but not limited to): co-pays, co-insurance, unmet deductibles, failure to complete coordination of benefit (COB) forms or if the insurance company deems me as "ineligible" for benefits (i.e. I am not covered). This information is often printed on insurance company's EOB (Explanation of Benefits) sent to both the provider and the insured party after insurance company is billed for the visit.

At no time will this credit or debit card number (without card present to be swiped) be used routinely to pay for my bill. This agreement applies only in the event the client below has not given 24 hours notice prior to a scheduled appointment as agreed to and/or attempts to collect payment in a timely manner described above have failed.

Signature _____ Date _____

Printed Name _____

Name as it Appears on Card _____

Billing Address Where Card Statements Received

Street _____

City _____ State _____ Zip _____

Email for Receipts _____

Visa Mastercard American Express Other _____

Card Number _____

Expiration _____ 3-Digit Security Code _____