



Stephanie Schiller, MSW, LCSW

CREDIT CARD AUTHORIZATION FORM

By signing this form, I understand that Stephanie Schiller, MSW, LCSW will be billing my insurance company on my behalf for therapeutic services. While in-network, I further understand that I am financially responsible for all reasonable and customary fees that my insurance company does not pay for, such as deductibles and co-payments. I also understand that Stephanie Schiller, MSW, LCSW is billing my insurance as a courtesy to me, as opposed to me paying upfront for services upfront and waiting to be reimbursed by the insurance company. Stephanie Schiller, MSW, LCSW will work with my insurance company to receive payment from them.

However, there are instances when your insurance company may deny services provided, or for instances in which you do not show up for your appointment and have not contacted Stephanie Schiller, MSW, LCSW by text (preferred), email or telephone, I am providing Stephanie Schiller, MSW, LCSW with my credit card information for services that have been denied by the insurance company, or in the no-show situation listed above. For no show appointments, you will be charged \$125 for individual sessions and \$150 for couples' sessions, as insurance cannot be billed in these situations. In addition, Stephanie Schiller, MSW, LCSW will charge my credit card for charges which I have not paid (i.e. co-pays) within 60 days. I will also keep Stephanie Schiller, MSW, LCSW aware of any changes in the credit card listed below (cancellation, expiration, etc) and provide an updated, active card on file until 6 months following my final session with Stephanie Schiller, MSW, LCSW.

I understand that I will be contacted by Stephanie Schiller, MSW, LCSW that the insurance company has denied charges and my card will be charged for services provided.

This form is valid for two years unless I cancel the authorization.

Patient Name: _____

Financially Responsible Party: _____

Cardholder Address: _____

Credit Card Type: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Signature and Date: _____

Printed Name: _____