

## **PAYMENT AUTHORIZATION & METHOD FORM**

## **Payment Methods**

Payment by cash or credit card, debit card or HSA is due at the time of service. Please note that a \$75 fee will be charged for any appointment where a late cancel or no-show occurs.

Dragonfly Counseling, LLC contracts with ANE Credentialing and Billing to process all payments. ANE Credentialing and Billing has an authorized Business Associates Agreement with Dragonfly Counseling, LLC to comply with HIPPA requirements to protect your health and financial information. Billing is done the Monday following your appointment. Client portion due (copays, coinsurance and deductible or private pay rate) will be charged on this day.

## **Debit/Credit Card Payment**

It is required that a debit/credit card is kept on file due to potential copays and/or deductibles required by your insurance. All debit and/or credit card is kept securely. Regular session fees will be charged to the card on file. Please advise the card you wish to use.

Name on Card:		Security Code:
Card Number:	Exp. Date:	
My signature below indicates that	t I understand and agree to the ab	ove financial policies.
Signature		 Date
Therapist		Date
Provided a copy of my insura	nce card (Please attach a copy).	