

Darleen Gegich, MA LPC

Individual, Couple, Family & Group Counseling

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Credit Card Authorization Form

All appointments must be cancelled 24 hours in advance. Same-day cancellations (a "late cancel") for individual session will incur a \$50 fee and \$100 for schedule family or couples session. Failure to attend a scheduled session without cancellation (a "no-show") will incur a \$100 fee that will be automatically charged to your credit card listed below. This policy is not meant to be punitive, but appointment times you schedule are reserved for you at the exclusion of others who may be waiting to see the therapist. Checks that are written and not honored by your bank for any reason will result in a \$25 returned check fee. The credit card below will be charged in the amount of the bounced check and the \$25 returned check fee.

Outstanding balances on your account due to co-insurance, deductible, or for any non-covered services (e.g., marital/family counseling/telephone consultations, etc.) for more than 30 days will also be charged to the card listed below. Thank you for your understanding.

*****All information must be provided*****

Patient Name: _____

Credit Card Type (check one): Visa Master Card

Card # _____ Expiration Date (mm/yy): _____ CVC

Code: _____ Cardholder Name (as it appears on the card): _____

Billing Address for the Credit Card: Street _____

City, State, Zip: _____

By signing below I certify that my above information is true, accurate and an authorized user on the account. I authorize and agree to have my above credit card information kept on file and charged for Late Cancel appointments, No Show appointments, and outstanding balances on my account that have not been paid or payment arrangements made after 30 days.

Cardholder Signature: _____ Date: _____

Patient Release of Information to Guarantor/Third Party Agency: I authorize Darleen Gegich, to release my financial information to a third party collection agency (in the case that further collection assistance is required).

Cardholder Signature: _____ Date: _____

I do ____ do not ____ want a copy of this release.