Darleen Gegich, MA LPC *Individual, Couple, Family & Group Counseling*
1910 7th Street, Boulder, CO 80302 Tel: (720) 515-4711
600 S. Airport Rd., Longmont, CO 80503

Credit Card Authorization Form

All appointments must be cancelled 48 hours in advance. Same-day cancellations (a "late cancel") will incur a $175 fee for 50-minute sessions and $280 for 80-minute sessions. Failure to attend a scheduled appointment without cancellation (a "no-show") will incur the full session 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. **3.5% additional fee is charged by credit card processor**.

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: _____