# Effective March 1,2017

* Forms of Payment: Cash, Credit Card, Check, Flexible Spending Account (FSA), Health Savings Account (HAS)
* You are responsible for contacting your insurance provider to see if you have out of network benefits. If you do, I am happy to provide you with a superbill that you can submit for partial reimbursement to your insurance company. A superbill can only be given once your appointment has been paid for.
* Charges are: Initial Diagnosis /Evaluation $125, 50 min. session $100, missed session without 24 hrs. notice $75
* Bills may be paid at the time of service or monthly
* I am aware that if my bill is not paid by the last day of the month in which the session was held, I have given Brenda Whelan permission to charge my credit card for said amount.
* Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ expiration\_\_\_\_\_\_\_\_\_

You will be notified in advance of any changes that are made to this information.

I have read the above and as the person responsible for the billing, I agree to this payment.