



**PATHWAYS PSYCHOLOGY SERVICES FEES & PAYMENT POLICY**

To improve the efficiency of the patient payments, we require our patients to leave credit card information and authorization of charge. Your credit card information will be held securely according to the standards of federal and HIPPA guidelines that protect against identity theft.

We will bill your credit card for your co-insurance, co-pay, deductible, or private payment. Our billing typically closes on the 20th of the month. Your card will be charged at that time for any outstanding balances. We will bill for missed appointments per our cancellation policy. Balances over \$400 will be discussed with you in advance. If your card declines, PATHWAYS PSYCHOLOGY SERVICES may put your card through on another day when funds become available.

**Credit Card Authorization Form**

Therapist Name: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Additional Clients:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name on Card (Please Print): \_\_\_\_\_

Card No. **(without last 4 digits):** \_\_\_\_\_ **\*\*See Next Page for Last 4 digits**

Zip Code where billing statements are mailed: \_\_\_\_\_

I authorize PATHWAYS PSYCHOLOGY SERVICES to charge any outstanding charges for my sessions at Pathways Psychology Services (including copays, co-insurance amounts, failed appointments/ late cancellation charges and outstanding balances).

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Winfield Office:  
28W671 Garys Mill Road  
Winfield, IL 60190

Aurora/Naperville Office:  
3973 75<sup>th</sup> St., Suite 102  
Aurora, IL 60504

Main: (630) 293-9860  
Fax: (630) 293-9861  
[www.pathways-psychology.com](http://www.pathways-psychology.com)



Name of Client: \_\_\_\_\_

**CARDHOLDER INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express  Discover

**Last 4 digits** of credit card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

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