



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 or around the 20th of the month. Your card will be charged on or around that time for any outstanding balances. We will bill for missed appointments per our cancellation policy. Balances over \$400 will receive a courtesy call, but will still be processed. 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: _____

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

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

Main: (630) 293-9860
Fax: (630) 293-9861
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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