

Atlantic Counseling & Consultation, Inc.

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PAYMENT POLICY and AUTOMATED BILLING AUTHORIZATION

We have recently updated our policy and now require all patients to keep an active credit card on file. The credit card will be used if your insurance company doesn't cover your claims, no show/ late cancellation fees, and any other balance that is accrued.

If you pay your copay, coinsurance, deductible and balance at each appointment by another form of payment, then your credit card will not be billed.

No show/ late cancellation fee (\$90) will be billed to your credit card the next business day and a receipt will be emailed to you. For copay, coinsurance, deductible and self-pay payments, a receipt will be emailed upon request.

Patient Name: _____ Today's Date: ___ / ___ / ___

Email address (please print clearly) _____

By signing below, I agree to adhere to the updated policy and I authorize Atlantic Counseling & Consultation to charge my credit card the deductible/copay/coinsurance amount(s) that are determined by my insurance carrier, self- pay amount(s), No show/late cancellation fees and/or sessions already rendered but not covered by insurance.

Cardholder signature: _____

Please note: The credit card information will be entered into our secure online portal with Santander Bank/First Data. All credit card information will then be shredded for your security.

Visa ___ Master card ___ American Express ___ Health care/Flexible spending account ___

Credit Card number: _____

Exp. date: _____

Name on credit card: _____