



CREDIT CARD PRE-AUTHORIZATION

To meet the needs of my clients and the changing healthcare marketplace, Vitman Counseling, LLC will be initiating a credit card on file policy. Effective March 1, 2017, all clients have the option to place credit card information on file for payment of treatment related fees.

Clients will have the option to pay their fees at the time of service, using cash, check, health savings account or credit/debit card. The health saving account card and/or credit card placed on file will be used to pay for regular in office, video and phone session fees, copays, deductible and missed appointment fees. The cards on file are saved in HIPAA- compliant format electronically.

Vitman Counseling uses Quick Books for manual credit card payment at the time of service and also now to process credit card transactions where the card is retained on file. The card on file will be used to process payments within 10 business days of the session or scheduled session.

If you have any questions about this policy, please feel free to contact me at 425-681-5330. We can also discuss this at your next session.

I authorize Spomenka Vitman, LMHC to keep my signature on file and to charge my account for:

- Payment of my session in the amount established by my provider.
- For a no-show or missed session without a 48-hour cancellation notice.
- For a telehealth phone or video session
- For past due sessions or insurance rejected claims

I understand that my card will be charged only if I fail to provide payment in full at the time of my session. I will receive a confirmation via email by my provider that the missed session or the past due session payment was applied to my credit card.

I also understand that if I choose, I may use my credit card for my session(s) that I will make a payment at the beginning of the session using my physical credit card, or if preferred, check or cash.

I agree that this form is valid for the length of therapy and authorization for the use of this card will be canceled at the termination of therapy.

*All fields required

Your name _____

Card holder's name _____

Complete billing address _____

Email _____ Phone _____



Vitman Counseling LLC

Credit card type: Visa Mastercard American Express HSA Discover

Account number _____ Expiration date _____

CVC number on back 3 digits (or 4 digits for Amex) _____

I authorize Spomenka Vitman, LMHC to keep my signature on file and to charge my account.
I consent to sharing information provided here.

Client signature _____ Date _____

Print name _____