Allison Fagan, Psychologist LLC
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(614) 398-9624

Authorization to Charge Credit Card and to Keep Card On-File

Accepted forms of payment are cash, check, debit card, credit card and health savings account debit cards. The preferred form of payment is to place a card on file with your account that can be used to pay for session costs, co-pay, co-insurance, or no-show fees ($80 for less than 24-hour cancellation) as balances accrue on your account. A cancellation fee is not considered a qualified medical expense that can be paid for using Health Savings Accounts funds.

My signature below indicates that I have read, been advised of, and understand the above information and that I consent to pay for either session costs or applicable co-pay/co-insurance at the time of service. I understand that the amount I am responsible for is dependent upon my personal insurance plan coverage and may be less than but will never exceed the rates set by Dr. Fagan. I acknowledge that ultimately it is my responsibility to know my insurance plan/policy and how it affects my out-of-pocket expenses. By signing below, I acknowledge that the credit card I authorize Dr. Fagan to charge is valid. I understand the card information will be kept securely by the card processing company. This card authorization will remain in effect until I cancel this authorization.

PLEASE PRINT CLEARLY:

Client Name: _____Date of Birth: _____

Name as it appears on your Credit Card: _____

Circle One: Visa/MasterCard/Discover/American Express

Is this an HSA Account: Yes/No

Credit Card Number: _____

Expiration Date: _____Security Code/CCV: _____

Address where bills for this credit card are sent:

Street Address: _____

City_____ State: _____Zip:_____

_____ _____

Signature of Card Holder Date