



# ArborGate Associates, Inc.

Counseling and Psychological Services

## CREDIT CARD GUARANTEE

ArborGate Associates, Inc. asks that you provide a credit card guarantee in the event that your insurance company fails to pay for services or you fail to make your co-payments. We want you to understand that we will only bill your credit card after 60 days have passed since the provision of services and we have twice sent you invoices, giving you an opportunity to pay for services. We only charge for the contracted rate we have with the insurance, or managed care, company, minus any payments they or you have made on your claim.

### Permission to Bill Credit Card

I am voluntarily offering this credit card guarantee in the event that my managed care or insurance company denies my claim, I neglect to pay my co-payment(s), or for any other reason payment for services is not made. I am authorizing ArborGate Associates, Inc. to bill my credit card for any outstanding balance due 60 days after provision of services.

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV\* \_\_\_\_\_

Name on Card: \_\_\_\_\_

Address on Card: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

\* CVV = Card Verification Value: this is the 3-digit code on the back of the credit card.