

# Gretchen Clemens, LCSW

1580 S. Milwaukee Ave. Suite #407

Libertyville IL 60048

(P) 224-207-8118 (Fax) 224-218-3098

www.GretchenClemens.com

## Financial Agreement with Credit Card Authorization

Client's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Card Holder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_ ZIP \_\_\_\_\_

### Credit Card Authorization

*I hereby give permission to Gretchen Clemens, LCSW to bill \$75 to my credit card listed below in the event that:*

- a) I fail to attend a scheduled session (i.e. *No Show*); or
- b) I cancel a scheduled appointment *less than 24 hours prior to appointment time* (i.e. *Late Cancellation*)

*Furthermore, I give permission to Gretchen Clemens, LCSW to bill my credit card listed below for:*

- c) Regular scheduled sessions that I attend at the allowed insurance rate when my deductible or co-insurance applies; or prearranged co-pay payment.

*I understand that these charges and are my financial responsibility and are not covered by my insurance company.*

**My credit card information is as follows (choose one):**

Visa  MasterCard  Discover  AMEX  This is a Health Savings Card  This is a Debit Card

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

*I would like a receipt emailed to me at :* \_\_\_\_\_

*This authorization will expire upon termination from therapy with Gretchen Clemens, LCSW. I understand that it is my responsibility to update my credit card information with Gretchen Clemens, LCSW as needed. In turn, Gretchen Clemens agrees to charge ONLY charges connected to clinical treatment and insurance deductibles and co pays to the card provided above.*

\_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Gretchen Clemens, LCSW* \_\_\_\_\_ *Licensed Clinical Social Worker* \_\_\_\_\_ *Date* \_\_\_\_\_

THIS INFORMATION IS CONSIDERED PRIVATE AND IS THEREFORE PROTECTED BY THE CONFIDENTIALITY POLICY OF GRETCHEN CLEMENS, LCSW. THIS INFORMATION WILL BE USED BY GRETCHEN CLEMENS, LCSW FOR THE SOLE PURPOSE OF CHARGING THE INDIVIDUAL WHOSE NAME APPEARS ABOVE FOR FEES BILLED INCLUDING MISSED AND/OR LATE CANCELLED APPOINTMENTS AND REGULAR SCHEDULED SESSIONS WITH GRETCHEN CLEMENS, LCSW.