

Samantha Elliott, M.A., L.C.P.C.

samee@comfyfitness.com

773.766.7727

Client Financial Policy

Thank you for choosing me as your mental health care provider. My primary mission is to provide my clients with outstanding care. Your clear understanding of my Client Financial Policy is important to our professional relationship. Carefully review the following information and return this form with your signature and today's date. Please ask if you have any questions about my fees, policies and/or your responsibilities.

I accept HSA, cash, credit, quickpay, and personal check. As a courtesy to my clients using insurance, I will file claims to Blue Cross Blue Shield PPO. Amounts not covered by your insurance company are your responsibility. All co-payments must be paid at the time of service. If you do not have insurance, payment in the amount of \$_____.00 is expected to be paid in full at the time of your visit.

I kindly requests to retain a credit card to reserve appointments and to ensure payment in the event reimbursement is not made by an insurance company or otherwise.

Authorization for Credit Card Transaction

I authorize Samantha Elliott to charge the following credit card for payment for services rendered. I understand that missed appointments that are not cancelled or rescheduled with a minimum of 8 hours' notice will be subject to a \$_____.00 late cancellation fee and will be charged to the card listed below. I agree that outstanding balances that are not paid after 30 days from the date of service will be charged to the credit card unless other payment arrangements have been made.

Name as it appears on credit card

Credit card number

Expiration Date

CV2 code (on back of card)

Address and Zip code on billing statement

Signature of Client

Date