



Billing Information

Primary Insurance

Insurance Name: _____

Policy # _____ Group # _____

Subscriber Name: _____

Subscriber Date of Birth: _____ Subscriber SSN: _____

Secondary Insurance

Insurance Name: _____

Policy # _____ Group # _____

Subscriber Name: _____

Subscriber Date of Birth: _____ Subscriber SSN: _____

At MySpectrum Counseling & Coaching, we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Without this authorization, a billing fee of \$15 will be added to your account for any balances that we must attempt to collect through mailing monthly statements. Furthermore, an "outstanding balance" charge of 1.5 percent of the total bill will be added for each month that the bill remains unpaid.

Your credit card information is kept confidential and secure. Co-payments will be charged to your account after your therapy session. Co-insurance payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has been paid and posted to the account.

I authorize MySpectrum Counseling & Coaching to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

American Express Visa Mastercard Discover

Credit Card Number _____ Security Code _____ Exp ___ / ___

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip Code _____

I (we), the undersigned, authorize and request MySpectrum Counseling & Coaching to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by MySpectrum Counseling & Coaching. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to MySpectrum Counseling & Coaching in writing and the account must be in good standing.

Name (Print): _____ Signature _____ Date _____