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Client Out-of-Pocket Charges

Out-of-pocket charges, such as co-pays, deductible amounts and missed session fees, are required to be paid at the time of service.

There is a 3% card processing fee for credit card charges such as co-pays, deductible amounts, missed session fees and out-of-pocket session fees. Your receipt for charges will be in the form of your monthly credit card statement unless you request a hard copy receipt.

Your out of pocket charges will be billed to the credit card that you indicate on this form. Your credit card will be charged on a weekly basis for out-of-pocket balances due.

This agreement will expire after treatment is terminated and/or your account is clear of both insurance and out-of-pocket balances due.

If you are comfortable, please email this form to my practice assistant: lisette.j.vail@gmail.com. Or, please call or text her at 541-324-7410 to provide credit card information for billing purposes.

Cardholder Name: _____

Street Address: _____

City: _____State: _____ Zip: _____

CREDIT CARD #: _____Exp: _____ CVC: _____

I, _____ authorize Dr. Kim to charge the credit card as stated above for mental/behavioral health services rendered.

_____ _____
Cardholder Signature Date

_____
Cardholder Name