Felicia M. Glick,MSW,LCSW
Licensed Clinical Social Worker

Financial Agreement and Credit Card Authorization

Client's Full Name _____ **Date of Birth** _____

Card Holder's Name _____

Billing Address _____ **City** _____ **State** _____ **Zip** _____

Credit Card Authorization

I hereby give permission to Felicia Glick,LCSW to bill $110 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 *later than 24 hours prior to appointment* (i.e. *Late Cancellation*)

Furthermore, I give permission to Felicia Glick,LCSW to bill my credit card listed below for:

c) Regular scheduled sessions that I attend at the allowed insurance rate when my deductible applies or the agreed upon self-pay/non-insurance rate.

d) Phone sessions not covered by insurance, phone time, coordination of care outside of session not eligible for insurance billing and / or any balances on my account that are due services not paid by insurance.

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 Flex Spending Card** ☐ **This is a Debit Card**

Card Number: _____

Exp. Date: _____ **Security Code:** _____

This authorization will expire upon termination from therapy with Felicia Glick,LCSW. I understand that it is my responsibility to update my credit card information with Felicia Glick,LCSW as needed.

_____ ***Date*** _____
Signature

_____
Print Name

_____***Date*** _____
Felicia Glick, LCSW ***Licensed Clinical Social Worker***

THIS INFORMATION IS CONSIDERED PRIVATE AND IS THEREFORE PROTECTED BY THE CONFIDENTIALITY POLICY OF FELICIA GLICK, LCSW. THIS INFORMATION WILL BE USED BY FELICIA GLICK, 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 FELICIA GLICK, LCSW.

FELICIA GLICK MSW, LCSW
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