



Credit Card Authorization

New View Psychology does not accept insurance, and thus responsibility for payment of fees rests on you, the patient. If you have out-of-network benefits, you may be able to obtain reimbursement for part of the cost of treatment. Many insurance companies have out of network benefits that will reimburse a large percentage of the costs of quality care. Responsibility for verifying such benefits and submitting claims also rests of you. However, as a courtesy, the practice will verify benefits and submit claims to your insurance carrier on your behalf. If you would like to take advantage of this, please complete the insurance information on the demographics form; if not you may leave that portion blank.

Since, most insurance companies will reimburse the patient directly. They will not send the check directly to the practice. It is your responsibility to cover the cost at the time of services rendered. We will accept personal checks, cash, or credit card payment. In order to ensure that we will be reimbursed in a timely manner, we ask that you provide a credit card that you authorize us to charge if we do not receive payment from your insurance company within 30 days.

I affirm that I am an authorized user of the above credit card, and I hereby authorize you to charge the above card for any fees that are not paid at the time of service, or scheduled time of service, unless an alternative agreement has been reached.

Credit Card Information: (Visa, Mastercard, Discover)

Type of Credit Card: _____
Credit Card Number: _____
Expiration Date: _____
Security Code: _____
Billing Zip Code: _____
Name on Card: _____
Signature of Card Holder: _____

Name of Patient: _____
Date of Contract: _____
Signature of Patient: _____
(or parent if minor)