

Therapist Use Only

Client Name: _____

Acct# from TH: _____

Therapist: _____

Office Location: _____

VCC Billing Policies

Directions

Please carefully review all of the VCC billing policies below and initial where indicated. Complete all fields in the "Credit Card Information" section of this form. **Debit cards are not accepted.** Please complete & sign at the time of your initial session.

Overview

Why does VCC have a credit card policy? By utilizing your credit card information for balances due, VCC will be able to process payments more efficiently.

VCC is currently sending statements for unpaid balances. By reducing the number of statements printed and mailed each month, VCC will be lowering billing costs by saving on paper, time and postage. These savings allow VCC to keep services affordable and to keep your fees to a minimum.

VCC requires that a valid credit card (**not a debit card**) be kept on file for all clients. If you do not wish to have your credit card charged, you must provide an alternate form of payment at time of service or contact the VCC billing department with an alternate form of payment upon receipt of the Explanation of Benefits (EOB) from your insurance company.

Please contact our billing department with any questions at (847) 488-1999.

Policies

Initial Here _____

Co-Pay

- All payments for co-pays are due at the time of each appointment.
- If an alternate form of payment (i.e. cash or check) is not received at time of service, your credit card will be manually charged for any fees.

Initial Here _____

Cancellation Policy

- VCC requires a 24-hour notice for all cancellations.
- You will be charged \$75.00 for no shows & cancellations with less than 24 hours notice
- Your credit card will be charged \$75.00 if an alternate form of payment is not received.

Initial Here _____

Insurance (Payments, Deductible, Etc.)

- It is the client's responsibility to cover any deductible and all co-payments.
- Upon receipt of the EOB from your insurance company, VCC will apply the insurance payment to your account and charge your credit card for the client balance due for each applicable date of service.
- If your insurance denies payment on any claim, you will be responsible for the full service fee. Diagnostic \$225.00, individual psychotherapy \$160.00.
- Insurance companies typically take 30 – 90 days to process claims. When the claim is processed, the insurance company will provide an EOB to both the member (you) and to the provider (VCC).
- **Not all services are covered by insurance plans; it is the client's responsibility to know their mental health benefits. Please contact your insurance provider to obtain the benefit details of your policy.**

Signature

Credit Card Information (Note: Debit Cards are Not Accepted)

Type of Credit Card: Visa MasterCard Discover (circle one) **Debit Cards are Not Accepted**

Credit Card Number: _____ Expiration Date: _____

3-Digit Security Code (found on back of card): _____ Billing Street Number: _____ Billing Zip Code: _____

I hereby authorize VCC to charge my credit card for any unpaid balance, including missed or cancelled appointment fees. The below signature will serve as the authorization for said charges. By signing this form, I understand that my credit card will continue to be charged until my account balance for services rendered is \$0.00.

Signature of Card Holder

Printed Name of Card Holder

Today's Date

VCC Counseling, Inc. will never store your credit card information electronically.

This form will be kept in a locked safe at all times.