



WHITESELL AND ASSOCIATES, INC.

Thank you for selecting Whitesell and Associates to meet your behavioral health needs. We do not take your trust lightly and will continue to strive to earn your trust by providing excellence in our professional services.

In efforts to streamline our practices, we are now requiring all patients to register a credit card with our office. This payment information will be securely stored in your Electronic Medical Record and will have all of the same protections as the rest of your information in a fully HIPPA compliant format.

You may continue to pay your Co-Payment at the time of service and we will process your claim for you; however we still require that your credit card info be on file for the reasons listed below.

--All future copays, deductible and past due amounts will be charged to this credit card.

If paying out of pocket, the full fee will be due at the time of service. Diagnostic (Intake) Sessions are billed at \$150, 38-52 minute Psychotherapy Sessions are billed at \$125 and 53-60 minute Psychotherapy sessions are billed at \$150.

***Letter writing, reports, court appearances in person and/ or on the phone, travel, and document review, etc:** Fee to be determined at time of request based upon complexity of document required. Account must be paid up to date in order to receive document(s).

We will continue to collect any copay, deductible and other fees at the time of service. Your credit card WILL BE CHARGED IF:

1. You notify us that you wish us to routinely charge your copay / deductible payment to your card
2. The copayment is not made at the time you receive service
3. **There is a missed appointment that was not cancelled or rescheduled prior to 24 hours in advance - \$60**
4. **Deductible payment is more than 20 days past due**

Please complete the following:

Type of card (Circle one): Visa MC AmEx Discover

Is this an HSA or Flexible Spending Card? _____

Name as it appears on the Credit Card: _____

Name of Client if different from cardholder: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Zip Code where Credit Card Statement is sent: _____

Receipts preferred via: text: _____ (cell number) OR

email: _____ (email address)

Card Holders Signature: _____

Verification of eligibility and/or benefit information is not a guarantee of payment. Benefits will be determined once a claim is processed and will be based upon, among other things, the member's eligibility, any claims received during the interim period and the terms of the member's certificate of coverage applicable on the date services were rendered.