



660 Linton Blvd, Delray Beach, FL 33444  
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### CREDIT CARD GUARANTEE FORM

#### UNINSURED PATIENTS

Patients who are uninsured or whose insurance does not cover the cost of mental health counseling because of high deductibles or other limitations are personally responsible for payment. Any balance not paid by the end of the week will be automatically charged to your designated card below. This procedure will enable you to spread out your payments if you wish and make them smaller while keeping your account current.

#### INSURANCE ASSIGNMENT

Our Insurance Assignment Program is designed to keep your out-of-pocket expenses to a minimum. As a courtesy to you, we will bill your health insurance carrier on your behalf and wait up to 90 days for payment. Please remember, however, that you are ultimately responsible for payment. On Day 90, if the bill has not been paid by your insurance company, we will charge your designated credit card below for the amount of the claim. Any payments made on these claims thereafter will be immediately refunded to you.

I agree to the above terms and authorize you to charge any payment not paid by the end of each week to the credit card below.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

CREDIT CARD:       AMEX    VISA       MC    DISCOVER

CARDHOLDER'S NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

THREE DIGIT CID NUMBER \_\_\_\_\_