

Tiffany Warner, LCSW

423-290-0358

CREDIT CARD ON FILE POLICY

Tiffany Warner, LCSW, requires keeping your credit or debit card on file as a means of payment for missed appointment fees (\$50.00 per appointment) and late cancellation fees (\$50.00 per appointment at your provider's discretion with less than 24 hours notice). This card is also authorized to be used for payment of session fees remaining after processing by your insurance, if applicable.

Your credit card information is kept confidential and secure.

I authorize Tiffany Warner, LCSW to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

_Amex _Visa _Mastercard _Discover **Card already on file**

Credit Card Number _____
Expiration Date ____ / ____ / ____ **Security code** _____
Cardholder Name _____
Signature _____
Billing Address _____
City _____ **State** _____ **Zip** _____

I (we) the undersigned, authorize and request Tiffany Warner, LCSW to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by Tiffany Warner, LCSW, or fees incurred that are not covered by my insurance.

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 30 day notification to Tiffany Warner, LCSW in writing and the account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____

Date: ____ / ____ / ____