

Tiffany R. Warner LCSW/NBCCH
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CREDIT CARD ON FILE POLICY

Tiffany Warner, LCSW requires keeping your credit card on file as a means of payment for late cancellation and/or missed appointment fees. A late cancellation is any appointment that is cancelled with less than 24 hour notice. The charge for this will be \$60. In the event that the appointment is not cancelled, it is considered a missed appointment and will be charged the full cost of the session at \$120.00. Please note that insurance does not pay for late cancellations or missed appointments. All fees will be charged to your credit card on file the day of the late cancellation or missed appointment. In order to maintain a fair practice policy, these fees are charged regardless of the reason and are practiced consistently with all clients. In addition, this card is also authorized to be used for payment of session fees remaining after processing by your insurance, if applicable.

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

AMEX VISA MASTERCARD DISCOVER

Credit Card Number: _____

Exp Date: _____ **Security Code:** _____

Cardholder Name: _____

Signature: _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

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. I (we) understand that it is my responsibility to keep this credit card information up to date, and to notify Tiffany Warner, LCSW of any changes or updates made to this account.

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.

Client Name: (Print) _____

Client Signature: _____

Parent or Legal Guardian: _____

Date: ____/____/____