

CONNECT PSYCHOLOGICAL SERVICES, LLC

1580 South Milwaukee, Ave. Suite 407 Libertyville, IL 60048

847) 502-5218

Credit Card on File Policy

A credit or debit card is required to be kept on file as a convenient method of payment for session fees, deductibles, co-payments, no-show/late fees, and other services that you are liable for. Typically, billing is done within a week of service and/or when the insurance adjustment has gone through. Therefore, your date of service will likely be different than the date your credit card is charged. At times billing is delayed due to holidays or other reasons. Feel free to contact me with any questions, concerns, and/or discrepancies. Superbills are sent out approximately once per month.

I authorize Karen O’Keeffe, Psy.D./Connect Psychological Services to charge fees that I am financially responsible for to the following credit or debit card.

Amex Visa MasterCard Discover

Credit Card Number _____

Expiration Date _____ CVV _____

Cardholder Name _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

I (we), the undersigned, authorize and request Connect Psychological Services to charge my credit or debit card, indicated above for balances due for services rendered that are my financial responsibility, including late or no-show fees.

This authorization will remain in effect until I (we) cancel authorization. This card will be taken off file after 90 days of last session due to a break in services or at termination of therapeutic relationship.

Client Name (Print) _____

Client Signature _____ Date _____