



Balanced Life Counseling

finding balance in an unsteady world

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www.balancedlifechicago.com

Client Financial Policy

Thank you for choosing Balanced Life Counseling as your mental health care provider. Our primary mission is to provide our clients with outstanding care. Your clear understanding of our Client Financial Policy is important to our professional relationship. Carefully review the following information and return this form with your signature and today's date. Please ask if you have any questions about our fees, our policies and/or your responsibilities.

We accept cash, checks, and most credit cards. As a courtesy to our clients using insurance, we will file claims to your insurance provider. Amounts not covered by your insurance company are your responsibility. All co-payments must be paid at time of service. If you do not have insurance, payment in full is expected at the time of your visit.

Balanced Life Counseling kindly requests to retain a credit card to reserve appointments and to ensure payment in the event reimbursement is not made by an insurance company or otherwise.

Authorization for Credit Card Transaction

I authorize Balanced Life Counseling to charge the following credit card for payment for services rendered. I understand that missed appointments that are not cancelled or rescheduled with a minimum of 24 hours notice will be subject to a \$100.00 late cancellation fee and will be charged to the card listed below. I agree that outstanding balances that are not paid after 30 days from the date of service will be charged to the credit card unless other payment arrangements have been made.

Name as it appears on credit card

Credit Card Number

Expiration Date

Zip code on billing statement

CV2 Code (3 digit security code on back of card)

Signature of Client/Cardholder

Date