Tom McCabe, MA, LPC *Counseling for adults and mature teens*

PO Box 23284
Juneau AK 99802-3284

319 Seward St, Rm 3
Juneau AK 99801

907-209-6336 cell
888-972-1911 fax

tom@alaskapsychotherapy.com

www.alaskapsychotherapy.com

Authorization to Retain Cardholder Signature and to Charge Card for Services

I authorize Tom McCabe, MA to keep my cardholder signature and credit card account information on file and to charge fees, or partial fees, to my credit card account for his services provided to me

or to _____ (printed name) for the balance of charges not already paid for each appointment including any fees for missed appointments or for cancellations with less than 24 hours advance notice. I also agree that:

If insurance/employee health benefits are assigned to Tom McCabe, MA, I am still responsible for the total charges incurred regardless of any insurance denial or insurance partial payments unless other arrangements regarding fees have been made with Tom McCabe, MA, in advance. This responsibility will be limited by any participating provider arrangements Tom McCabe, MA may have with an insurance company, health plan, or network.

This authorization is valid until canceled in writing.

If my credit card information changes (e.g. card number, expiration date, or billing address), I will notify Tom McCabe, MA of the new information needed to continue charging my credit card.

If I have any problems or questions regarding Tom McCabe, MA's charges to my account, I will contact Tom McCabe, MA for assistance. I agree that I will not dispute any charges by Tom McCabe, MA with my credit card company unless I have already attempted to rectify the situation directly with Tom McCabe, MA.

I understand that all charges will appear on my statement as "TOM MCCABE MA" and that the amount charged to my account will depend on use of services, insurance arrangements, and agreements now in effect with Tom McCabe, MA.

Date: _____ Cardholder signature: _____

Printed cardholder name as it appears on the card: _____

Card type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Last four digits of the card #: XXXX-XXXX-XXXX-_____ Card expiration date: _____

Billing address (where card statements are mailed): _____

City: _____ State: _____ Zip: _____