



**Attendance and Credit Card Authorization Form**

Dear Parent or Guardian,

Credit cards are maintained on file, and a credit card authorization form must be completed and signed. Credit cards will be charged monthly for sessions, co pays, no show appts etc.

Patients who incur a balance equal to the amount of **Two Sessions** will not be seen until they make a payment, or make payment arrangements.

If your insurance has a high deductible or co-pays we can offer you payment arrangements. Also, please be aware of your insurance coverage, some out of network insurances and commercial insurances have behavioral health limitations. If you have any questions/concerns regarding Insurance coverage and deductibles, just ask a Starr representative

All returned checks will incur a **\$35 fee**. No show appointments will incur a **\$20 fee**. This fee will be charged if you no call/no show the day of the appointment or cancel after the scheduled appointment time. We allow a **15 Minute** grace period for all appointments, after 15 minutes rescheduling may be required at the discretion of the therapy and you may be charged a **\$20 fee**. In case of an emergency the clinician can wave this fee.

I, \_\_\_\_\_ Authorize Starr Commonwealth to charge my credit card for any fees I may incur during my duration of care.

Name as listed on credit card: \_\_\_\_\_  
Cc #: \_\_\_\_\_ Exp. Date. \_\_\_\_\_  
CVC 3 digit code: \_\_\_\_\_ Zip code: \_\_\_\_\_

I, \_\_\_\_\_ Decline to provide Starr Commonwealth with a Credit Card and understand that any incurred fees left unpaid can and will result in the suspension or termination Of my care.

**Payment at time of service is do unless other payment arrangements have been made.  
Parent is responsible for ALL payments not covered by insurance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_