Spence Counseling Center PC
12035 Q Street • Omaha, NE 68137
PH:402.991.0611 • Fax: 402.991.6228 • www.spencecounselingcenter.com

OFFICE USE ONLY
Therapist_____ Client_____
Therapist_____ Client _____
Admin Int: _____ Date: _____

Credit Card on File Agreement

Cardholder Name: _____

Credit card billing address: _____ **Required - Zip Code:** _____

List of family members being seen:

_____ _____ _____ _____

Primary Card Number: _____ Card Expiration: _____ (MM/YY) **Debit Credit FSA/HSA**

Secondary Card Number: _____ Card Expiration: _____ (MM/YY) **Debit Credit FSA/HSA**

REQUIRED - E-mail address for receipts & decline notifications: _____

_____ _____
Authorized Signature **Date**

I have read and agree with the Billing Rights information below.

_____ **(Initial)** I authorize Spence Counseling Center to charge my credit card on a weekly, monthly, or as-needed basis for the amounts due for services received and which match client responsibility amounts as determined by my insurance company's explanation of benefits (EOBs) or your client benefit sheet. My credit card statements will serve as receipts for payments processed. *This designates my Signature on File and therefore it is not required that I sign paper receipts each time*. This authorization is to remain in effect until Spence Counseling Center receives notification from me of its termination. If my credit card information changes for any reason, I will notify Spence Counseling Center as soon as possible. If I am a returning client and my account has been in collections, a $50.00 administrative fee will be charged before I see a therapist at Spence Counseling Center again.

In the event of a declined charge, your account will be charged a $25.00 service fee for each occurrence.
You can NOT use an FSA/HSA for decline or cancellation fees.

Version 1.0