



Counseling Associates of MA & NH, LLC

Child, Adolescent, Adult, Couple, and Family Psychotherapy

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Payment information – Card on File

At Counseling Associates of MA & NH, payment is accepted at the time of service for copayments, deductibles and self-pay sessions. We request that a card (debit, credit, HSA/FSA) is put under each client's account. You can also pay with cash, a check, or in some cases, ask for an invoice. These options can be agreed upon with your therapist.

The card information is stored in our bank, Citizens Bank of New England, in their HIPPA compliant secured system.

Your therapist will need the following information from you.

Client's name

Name of the person on the card to be billed

Card Number

Date of Expiration

The 3- or 4-digit security code

Please sign the below Authorization Form

By completing this form, you authorize charges to your credit/debit, FSA/HSA card. You agree no prior notification will be provided for the charges associated with this agreement and Counseling Associates of MA & NH, LLC is authorized to collect fees associated with the services we provide as defined in the policies signed by you at the time of intake.

I, authorize Counseling Associates of MA & MA, LLC to bill any outstanding client balance as incurred to my card on file with Swipe Simple, a World Pay HIPPA compliant merchant banking system connected with Citizen's Bank. I also authorize payment for any non-covered services, including yet not limited to, broken appointment fees and any exclusion of services stated by my insurance policy. I understand my information will be stored securely at Swipe Simple at Citizen's Bank for future transactions on my account. I understand I am responsible for updating my credit/debit card information if any changes occur.

I consent to the information provided above.

Signature

Date

Printed Name