



Connection Counseling Center

5710 St. Joseph Ave.
Stevensville, MI 49127
Cell (269) 921-6953
Fax (269) 588-3047

Credit Card Authorization Form, Insurance, and Personal Responsibility

It is the sole responsibility of the client or guarantor to know what his/her insurance benefits are, and if the policy is in effect. We will make every effort to obtain the benefits from your insurance company. No Connection Counseling Center, LLC staff member may be held responsible for knowing what a client's insurance will or will not cover. This includes benefits that may have been quoted by the insurance company.

Depending on the services provided to you, Connection Counseling Center, LLC will bill your insurance as a courtesy and strive to obtain payment. However, all or any portion of the bill that is not paid by the insurance carrier is the sole responsibility of the client and/or the guarantor. Benefits that are quoted by the insurance company may only reflect coverage charges and not 100/5 of the billed charges. Benefit quotations are subject to the member's eligibility at the time benefits were requested and any quotations are not a guarantee of benefit coverage or of member eligibility until actual insurance payment for services is received. Prompt payment of copays/fees is required. All unpaid portions of an account may be referred to a collection agency at thirty (30) days past due. Unless you have worked out a specific payment plan with your therapist, balances that accrue without payment for thirty (30) days past the most recent date of service will be subject to a late charge of \$20/month. If referred to collections, all interest and legal fees will also be the responsibility of the debtor/guarantor. If you accrue a large outstanding balance, you may not be eligible for further services.

The card below will also be used to charge for future cancellation fees. Please see the terms and conditions of the cancellation policy located in the Agreement for Services. The credit card information provided will be redacted and stored on Square.

Client Name: _____

Credit Card Number: _____

Expiration Date: _____ Three digit security code: _____

Name as it appears on the card: _____

Address at which you receive credit card statements: _____

City: _____ State: _____ Zip Code: _____

Cardholder's email address: _____

Signature: _____ Date _____