

Elizabeth Scott, LMFT

MARRIAGE & FAMILY THERAPIST

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PAYMENT OPTIONS

Please review the information below and indicate your billing option preference by initialing the space provided.

Option 1) Pay by Credit Card on File

_____ I authorize Elizabeth Scott to charge my credit card for charges accrued, to include copayments, balances due to deductible, or fees incurred from missed appointments. (I will contact you at the time of first charge to your card.)

Name on credit card _____

Card #: _____

Exp. Date ____ / ____ CVV: _____ Billing zip: _____

Option 2) Pay through Electronic Invoice

_____ I authorize Elizabeth Scott to send invoices via e-mail, which will allow me to pay through the Square billing site. I understand that e-mail is not a HIPAA secure means of communication and I agree to accept the associated risks. No additional PHI or other form of communication will be sent via e-mail, billing only.

Preferred email: _____

Option 3) Pay through Paper Invoice

_____ I would prefer paper invoices be sent to my home. Payments from a paper invoice may be made in person with Cash, Credit/Debit card, personal check, or check sent through your bank.

Acknowledgement of Responsibility

I am aware that co-payments, charges toward my deductible, and fees from missed appointments will continue to accrue while waiting for the Explanation of Benefits from my insurer to arrive. By signing below, I acknowledge my responsibility for paying for these fees, and I express my preference to be billed according to my selection above.

Client Name (please print) _____

Client Signature _____ Date _____

Responsible Party (if different from above) _____

Responsible Party Signature _____ Date _____