

Integrative Counseling & Psychological Services, PC

Naperville Location:

616 West 5th Avenue, Suite B • Naperville, IL 60563
630.717.7771 (office) • 630.206.2003 (fax)



Deerfield Location:

440 Lake Cook Road, Building 1 • Deerfield, IL 60015
847.892.6000 (office) • 847.892.6151 (fax)

630.418.0280 (emergency) • integrativecps@gmail.com (email)

Payment Policy

In an effort to keep our attention focused on patient care, Integrative Counseling & Psychological Services, P.C. requires that credit card information be kept on file for all clients. After insurance has processed your claim for a session (or in the event of an unexcused missed or late-canceled appointment), ICAPS will then charge the credit card on file for your balance due. You will be mailed a statement explaining the payment along with a credit card receipt for your records immediately following the charge.

Please record your credit card information below. ICAPS will safely store this information in the patient's chart. Your credit card number will not be shared or used in any manner other than to pay off the patient's balance.

ICAPS is not responsible for any bank fees or overdraft charges that may accrue from the automatic charging of your card. We recommend storing a credit card on file, NOT a debit card, if overdrawing is a concern for you.

Should you have any issues or questions regarding this office policy, you may speak to your clinician for an exception, granted on a case-by-case basis. Payment plans may also be arranged.

We thank you in advance for your assistance. As always, we appreciate your trust in our services and look forward to continuing to serve you better.

CREDIT CARD INFORMATION

Patient Name: _____

Cardholder Name: _____

Type of card: Visa Mastercard Discover

Credit card number: _____ - _____ - _____ - _____

Credit card expiration date: ____/____

Three digit security code: _____

Billing Zip Code: _____

(listed on the back of your card)

By signing my name, I authorize Integrative Counseling & Psychological Services, P.C. to charge my credit card for any balances due on the patient's account, only after insurance processes claims and Integrative Counseling & Psychological Services, P.C. receives an explanation of benefits from the insurance company, or in the event of a missed or late-cancelled appointment. This authorization is valid from today's date forward until services are terminated (and paid for) between clinician and patient.

Signature

Date