

19563 E. Mainstreet
Suite 206B
Parker, CO 80138
Telephone: 720-339-7848

Christina Pospeck, LPC

Licensed Professional Counselor

Billing, Credit Card Authorization, and Insurance Information

Client Name _____ Birth Date ____/____/____

GUARANTOR INFORMATION (Person responsible for the bill):

Name _____ Date of Birth _____

Address _____ City/ST/ZIP _____
(If different from patient)

Home Phone _____ Work _____ Cell _____

You may release information necessary for billing to this person. Yes No

CREDIT CARD AUTHORIZATION:

Credit Card #: _____ Expiration: _____

VISA MasterCard V Code _____

I, _____, authorize Christina Pospeck, LPC – Pathways Counseling Colorado, LLC to use my credit card information to charge my credit card in the event that:

- An appointment is missed (full fee charged)
- An appointment is cancelled less than 24 hours in advance (full fee charged)
- A check is returned for any reason (check amount, plus \$35 NSF fee)

I, _____, authorize Christina Pospeck, LPC – Pathways Counseling Colorado, LLC to charge my card for the amount not covered by insurance (deductible, weekly co-pays or co-insurance).

Card Holder Signature Date

CLIENT INSURANCE INFORMATION

Name of Insured _____ Date of Birth ____/____/____ SSN ____-____-____

Employer: _____ Employer Address: _____

City _____ State _____ ZIP _____

Insurance Carrier _____ Member ID _____

Group # _____ Provider Phone (listed on back of card) _____

Co Pay: \$ _____ Deductible: \$ _____ Deductible Left: \$ _____ Yearly Max: _____