BARBRA ROGOFF, LCSW

Psychotherapist

4922 Windy Hill Drive
Suite A
Raleigh, N. C. 27609

(919) 201-3498 phone
(919) 885-1014 fax
barbra@brogofflcsw.com

www.brogofflcsw.com

AUTHORIZATION FOR CREDIT CARD USE

Please type your full first and last name ___________________________________

I, the person named above, hereby authorize and request Barbra Rogoff, LCSW charge the credit card listed below for ongoing payment of any copayments, coinsurance, deductibles, or self-pay fees for any and all psychotherapeutic services I receive from Barbra Rogoff, LCSW.

I understand that I will be charged the amount either provided by my insurance company for copayments/coinsurance/deductibles or, if I am self-pay, the amount agreed upon prior to or at my first scheduled appointment.

I understand that in order to utilize automatic credit card payments to pay for services from Barbra Rogoff, LCSW I must keep a valid credit card on file and that if a valid credit is not on file at the time of my scheduled appointment, my appointment will be rescheduled.

I understand that in order to receive teletherapy services from Barbra Rogoff, LCSW I must keep a valid credit card on file and that if a valid credit is not on file at the time of my scheduled appointment, my appointed will be rescheduled.

I understand that I must notify Barbra Rogoff, LCSW of any changes to my credit card, and provide new credit card information should the information I provide become obsolete.

I further understand I must inform Barbra Rogoff, LCSW in writing of any request to discontinue these automatic payments if I should decide to pay with alternate means in the future.

Credit Card Information

Name as It Appears On Credit Card: _____________________________________

Billing Street Address: _____________________________________

Billing City, State, Zip Code: _____________________________________

Credit Card Type: _____________________________________

Credit Card Number: _____________________________________

CSC/CVC: _____________________________________

Expiration Date: _____________________________________

By my signature below I hereby authorize and agree to the aforementioned terms.

_____________________________________ _____________________________________

Signature of Client Date