



**NAPERVILLE**  
CLINICAL ASSOCIATES

**Julie Caron Sims, L.C.S.W.**  
Licensed Clinical Social Worker

### **VISA/MASTERCARD/DISCOVER AUTHORIZATION FORM**

To improve the efficiency of patient payments, I require my patients to leave credit card information and charge authorization. This is similar to the policies of most hotels and car rental companies. Your credit card information will be held securely to the standards of federal guidelines that protect against identity theft.

When your insurance company has paid its portions of your bill, your portions (the co-insurance or deductible) will be charged to your credit card. Our billing usually closes on the 20th day of the month. Your credit card will be charged at that time for any outstanding balances. Your credit card will be charged for failed appointments or late cancellations on the date of the missed appointment. Please be reminded that I am not responsible for any debit card charges if you choose to register a debit card instead of a credit card.

I understand that if my card declines, Julie Caron Sims, L.C.S.W., may put my VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS card through on another day when funds become available. This policy will in no way compromise my ability to dispute a charge or question my insurance company's determination of payment.

I authorize Julie Caron Sims, L.C.S.W. to charge any outstanding charges on my VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS card for my sessions including co-payments, co-insurance amounts, failed appointments/late cancellations charges and outstanding balances.

Card Type: \_\_\_VISA \_\_\_MASTERCARD \_\_\_DISCOVER \_\_\_AMERICAN EXPRESS

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name on Card: (Please print) \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Zip Code where billing statements are mailed: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_