



**InSight Psychology and Behavioral
Health Services LLC**
305 N. Heatherwilde Blvd., Suite 310
Pflugerville, Texas 78660
Phone: (512) 704-8349

Easy Pay Credit Card Payment Agreement

This form is optional and only applies if you wish to have a credit card on file with us. We charge your card following your session.

Please provide a credit card number to cover the cost of services. The number will be kept in a HIPAA compliant, encrypted file.

Your card will only be charged following provision of services or following No Show/Late Cancellation:

I, _____ authorize InSight Psychology and Behavioral Health Services LLC to charge my credit card for the following services:

- **Counseling Sessions** (Fee charged to your card will be based on your clinician's established fee. Your InSight provider will notify you of his/her fee).
- **Psychological Evaluations**
- **Pre-employment Evaluations**
- **No Show Fee:** \$50 charged to your card at time of missed appointment. Applies when you miss your appointment with no notice. Please be aware that your insurance company will not pay for missed appointments.
- **Late Cancellation Fee** \$50 (Applies to cancellations with less than 24 hours notice)
- **Telephone consultations in excess of 10 minutes** (Prorated based on your provider's fee)
- **Legal Services** (Includes but not limited to subpoena response, court appearance, deposition)
- **Letters and/or Forms** (\$50 per hour/ may be prorated)

Enter credit card number to be used for payment of services rendered:

Credit Card # _____

Expiration Date _____

CVV _____ (3 digit security code)

Patient Signature:

Printed Name: _____