

Suzanne C. Klenck, Ph.D., LLC
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BILLING AND INSURANCE AUTHORIZATION

Client Name: _____ Date of Birth: _____ Driver's License #: _____ State: _____ Exp: _____

Responsible Party for Billing Purposes and Contact Information: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

BCBS PPO or UBH-Tulane Policy Number: _____ Group Number: _____

CANCELLATION POLICY: The scheduling of an appointment involves the reservation of time specifically for you, so a minimum of 24 hours' notice is required for rescheduling or canceling an appointment. The full fee will be charged for sessions missed without such notification. **Insurance does not cover such fees.**

Standard Fees:

\$ 205 - initial session/consultation

\$ 160 - 50 minute therapy session

\$ 40 - telephone conversations that last 15 minutes, each additional 15 minute increment will also be charged

\$ 175 - per hour for report writing, record review, communication with attorneys and production of any records in response to any subpoena, law enforcement, administrative agency or legal request

Dr. Klenck may change this agreement at any time. When changes are made, a new Billing and Insurance Authorization will be provided to you. You may also request a copy of her Billing and Insurance Authorization at any time.

Required - CREDIT CARD AUTHORIZATION: I, _____, hereby authorize Suzanne Klenck, Ph.D., LLC to bill my credit card/debit card/HSA at the usual fee for professional services including all of the following:

- Appointments that I elect to pay for by credit card
- Missed appointments
- Appointments that I have cancelled (non-emergency) with less than 24 hours' notice
- Returned checks (\$35 fee)

Credit card/Debit card type (select one): Visa MasterCard

Card Number: _____ Expiration Date: _____ Security Code: _____

Name as Printed on Card: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

CLIENT STATEMENT: By signing below, I am authorizing Suzanne Klenck, Ph.D., LLC to bill my credit card at the usual fee for professional services as described above.

Client/Responsible Party's Signature

Date