



Financial Agreement

Name of Client: _____

Date of Initial Appointment: _____

Insurance Carrier: _____

Member ID: _____ Group #: _____

Deductible: _____ Co-Pay: _____ Co-Insurance: _____

**Do you authorize Weber Psychological to keep financial information on file
for your copays, co-insurance, or deductibles? _____**

If you do not authorize for a card to be kept on file, all fees are due at the time of each appointment; this may include outstanding balances for payments not rendered by your insurance company from previous sessions, or prior copays owed.

Credit card to be kept on file: *please circle one of the following below*

Visa Mastercard Discover American Express Flex/HRA/FSA Other

Credit Card #: _____

Name on Card: _____

Exp. Date: _____

Security Code: _____

Zip Code for Card Billing Address: _____

May Weber Psychological email receipts? (*May contain appointment information or other related PHI*) _____

Please provide your email for non-printed receipts: _____

Signature of client or party responsible

Printed name of client or party responsible

Date