

Upstream Counseling Inc.
Maria Ballard, LPC
741 Sesame St
Anchorage AK, 99507

CREDIT CARD PREAUTHORIZATION FORM

I authorize Maria Ballard to utilize Ivy Pay to charge fees, or partial fees to my credit card account for services provided to

(Print Patient or Client Name)

For the balance of charges not paid by insurance and not to exceed the amount of the full fee as detailed in the "Agreement for Services" for each appointment including fees for missed appointments or cancellations without 24 hours prior notice.

I agree that:

- If insurance health benefits are assigned to Maria Ballard, I am still responsible for the total charges incurred regardless of any insurance denial or insurance partial payments unless other arrangements regarding fees have been made. This responsibility will be limited by any participating provider arrangement Maria Ballard may have with an insurance company or network.
- This authorization is valid until canceled in writing.
- Charges for ongoing services will be posted through the use of Ivy Pay in which maintains the credit card information in an automated format. The amount charged to my account will depend on use of services, insurance arrangements, and agreement now in effect with Maria Ballard.
- If I have any problems or questions regarding charges to my account, I will contact Maria Ballard or the billing specialist for assistance. *I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Maria Ballard.*

Cardholder Name (Please print): _____

Signature : _____

Billing Address (where card statements are mailed): _____

City: _____ State: _____ Zip: _____