

**Financial Agreement and Authorization To Charge Credit Card**

Laura Mennecke, LLC

- I acknowledge that each session is \$155.
- I understand that Laura Mennecke, LCPC does not accept insurance.
- I understand that Laura Mennecke, LCPC can provide a Superbill, which will require diagnosis, that I can submit to my insurance.
- I understand that understanding my insurance company's out-of-network benefits is my responsibility.
- I acknowledge that full payment is due at the time of service.
- I understand that any phone conversation over 5 minutes will be charged at a prorated fee based on \$155/hour.
- I understand that any appointments scheduled but not kept, as well as any appointments cancelled within 24 hours of scheduled time, will be charged at the full fee of \$155.
- I authorize Laura Mennecke, LLC to charge my card, which will be kept on file using secure systems, for office charges.
- I understand that if my credit card does not accept the charge, I will immediately make the payment to the practice.
- I understand that I may cancel this authorization at any time, but by doing so, I acknowledge that the balance owing will be due & paid in full.
- I acknowledge that credit card transactions could be linked to Protected Health Information.

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Signature of Card Holder and Date

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Laura Mennecke, LLC and Date