

Gracious Mind P.A.

Norda Hernandez Psy. D.
Clinical and Pediatric Psychologist

Dear Client:

Every effort will be made to secure payment or reimbursement for your visits. Please understand that you are financially responsible in the event that your health - insurance company does not cover all or part of your fees, including any co pays or deductibles.

Gracious Mind P.A. will call to verify benefits including co pays and deductible. Dealing with Insurance companies is a complicated process. Their disclaimer to us is "verifying benefit does not guarantee payment". It is therefore the ultimate responsibility of the patient should fees not be collected.

If the check or credit card you use to pay Gracious Mind P.A. or Norda Hernandez Psy.D. for services does not have sufficient funds, you will be charged \$35.00 plus the fees the bank charges to this office.

It is the policy to keep a signed credit card authorization on file to secure payment for unpaid fees in the event of no insurance coverage, and/or failure to show , cancel an appointment or refuse service once you are here per treatment agreement.

Thank you,

Witness

Date _____

Signature of the client/Legal Guardian

I authorize the use of the following credit card (Visa, MC, American Express or Discover) by Norda Hernandez Psy.D.

Account number _____

Exp. Date _____ CVV Number _____

Signature _____ Date _____