

Caroljean Bongo, Psy.D., LLC

Authorization to Secure Payment

If I am using insurance to pay for a portion of my evaluation, I understand that Dr. Bongo is billing my insurance company as a courtesy to me rather than my paying for services up front and waiting to be reimbursed by my insurance company. Dr. Bongo utilizes NetSource Billing LLC to process your insurance claims. Dr. Bongo and NetSource Billing will work with you and your insurance company to receive payment from them.

I understand that I am responsible for all reasonable and customary fees that my insurance company does not pay, such as deductibles, co-pays and amounts deemed as non-billable or uncovered services.

I, _____ authorize Caroljean Bongo, PsyD, LLC, and NetSource Billing LLC to process payment on my Visa, MasterCard, Discover for services and/or any balance due that has not been paid **30 days after it is received**. If I prefer not to pay with my credit card, I will call NetSource Billing to make other arrangements for payment.

You will receive a one-time credit card authorization e-mail from my billing company, NetSource Billing, LLC, to confirm this credit card. Upon receipt of this confirmation, charges will appear for services rendered.

I understand that I have given Caroljean Bongo, LLC, my debit/credit card information.

I have read and understand this form. I attest that the information below is true and accurate.

Signature of Card Holder

My credit card information is as follows:

Cardholder's Name

Client's Name

Credit Card Account Number

Expiration Date

Is this a debit card?

Yes No

Today's Date

Do you wish to have all future payments deducted from this card? (Circle one) Yes No
Amount to be deducted: _____

E-Mail Address _____

The above mentioned charges on your card will appear from **NetSource Billing, LLC.