



Laura Petiford
 PMHNP, LMFT
 A FRESH APPROACH TO MENTAL HEALTH

Missed Appointments and Unpaid Balance Payment Agreement

Per my understanding of the signed Financial Practices Agreement, I authorize Laura Petiford PMHNP, to charge my credit, debit or HAS card (whichever is supplied below and copy of same has been taken in lieu of having the physical card) in the amount of \$125 for a medication management appointment that has been missed or cancelled without 48 hours notice on or about the day of my missed appointment.

I also authorize charges related to any and all balances that remain unpaid after submission to my insurance that I am responsible for including (but not limited to): co-pays, co insurance, unmet deductibles, failure to complete coordination of benefit (COB) forms or if the insurance company deems me as "ineligible" for benefits (i.e., I am not covered). This information is often printed on insurance company's EOB (Explanation of Benefits) sent to both the provider and the insured party after the insurance company is billed for the visit.

Signature: _____ Date _____

Printed Name: _____

Name as it Appears on Card _____

Billing Address including zip code where Credit/Debit Card Bill or Bank Statement is received:

Credit Card: Visa or Mastercard Only (circle one)

Card Type: Credit or Debit (circle one)

Card Number: _____

Expiration Date: _____

Three Digits on back of card: _____

Signature _____