

CREDIT/DEBIT CARD AUTHORIZATION

NO SHOW/LATE CANCELLATION FEES INSURANCE COPAYS & DEDUCTIBLES & OTHER FEES

In order to provide you and other patients of Sunstone Psychiatric, LLC the best possible care, a minimum of 48 hours notice is required to cancel or reschedule your regular appointments and five business days for initial evaluation appointments.

By signing this form, I understand a deposit of \$350 may be charged to my credit card to hold my initial intake appointment. This may be refundable once insurance coverage has been successfully established and payment arrangements made. If initial visit is canceled without five business days notice, this deposit is non-refundable. Additional deposit may be required to reschedule an intake appointment canceled without adequate notice. Your credit card information will be obtained when scheduling your first visit.

By signing this form, I understand the importance of notifying my provider at least 48 hours prior to my scheduled appointment if I am not able to keep my appointment. If I am experiencing an emergency, I will provide as much notice as possible to avoid being charged the late cancellation fee of \$150. I understand that I will be charged a no-show fee of \$200 for failing to call and failing to show for my scheduled appointment. A no-show can be grounds to terminate treatment.

By signing this form, I give Sunstone Psychiatric, LLC the authorization to charge my credit/debit card on file \$150 for each missed appointment where 48 hours notice is not given and \$200 for each missed appointment where I fail to call and show for the appointment. This credit card will also be used for all fees that have not been paid within 30 days (unless other arrangements for payment have been agreed upon between me and my provider). A receipt is available upon request.

I agree that the credit/debit card may also be used for payment of services (co-payment, deductibles, coinsurance, paperwork, and other applicable fees). I understand that I may revoke this agreement at any time by providing a request in writing.