

Shannon Brown Counseling, PLLC  
17100 N. 67<sup>th</sup> Ave., Suite 400  
Glendale, AZ 85308

Please note our office files your claims to your insurance carrier(s) as a courtesy to you. Your insurance coverage is a contract between you and your insurance carrier, thus your entire account balance, including those charges filed to your insurance company, remains your responsibility. Your insurance carrier's disclaimer is they claim no responsibility to pay a claim until they review the claim after it has been submitted.

Please understand Shannon Brown sets aside your session time only for you. If you are not present for your session, your insurance cannot be billed. Therefore, you are responsible to pay for your session time even if you are not present. However, Shannon Brown discounts her regular session rate (\$125) to \$50 to decrease the financial burden.

Your credit card will be charged for the following: Please initial each.

\_\_\_\_\_I give permission to Shannon Brown and Glendale Therapy Associates to charge my credit card for any balance owed after receipt and review of my explanation of benefits (EOB) from my insurance carrier.

\_\_\_\_\_I give permission for Shannon Brown and Glendale Therapy Associates to charge my credit card \$50 for any late cancellation or no show that is less than 24 hours in advance of my scheduled session day/time.

I understand that this form will be attached to my permanent record and can be used for all future treatment. It will not be divulged to any person not engaged in the maintenance of said files.

I, \_\_\_\_\_ hereby authorize Shannon Brown Counseling, PLLC and Glendale Therapy Associates to charge my credit card.

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Client signature: \_\_\_\_\_