

**Mary Costello Stevens, LPC
7000 E. Belleview Ave Suite 350
Greenwood Village, Colorado 80111
Phone: 303-380-7070**

Payment in full (if self pay or using my services as an out of network provider) or co-pays/deductibles (if I am in network provider with your insurance company) is due at the time of service.

Your insurance will be billed on your behalf. Any uncovered services, including, but not limited to: Co-payments, coinsurance, or deductible for scheduled and kept appointments, sessions cancelled without 24-hour notice, telephone consultation over 15 minutes, reports prepared outside of appointments and records review, will be billed to the credit card supplied below.

This agreement shall remain in existence as long as I am a client of Mary Costello Stevens, LPC or until I provide a written retraction of this agreement.

Receipts of credit card charges will be available upon request.

Please circle payment method: Visa Mastercard Discover American Express

Client Name:

Name on Card:

Card Number:

Expiration Date:

3 digit CV code (on back of card/front on Am Ex):

Cardholder billing address:

Cardholder phone:

I, _____, agree to allow Mary Costello Stevens, LPC to keep my credit card on file. I hereby authorize Mary Costello Stevens, LPC to bill my credit card for services rendered.

Cardholder Signature

Date