

Dr. Laurie McGee, PhD

8664 E. Monmouth Pl, Denver, CO 80237

Payment is due in full at time of service for the following reasons:

1. Self pay
2. I am an out of network provider with your insurance company
3. Copays
4. Deductible not met

Your insurance will be billed on your behalf. Any uncovered services and/or copayments are your responsibility. If you do not remit payment at each session with cash or check, the credit card below will AUTOMATICALLY be billed after insurance has processed your claim.

If you miss or cancel an appointment without 24 hour notice you will be charged a fee.

Patient name: _____

Card #: _____

Expiration date: _____ Three numbers on back of card: _____

Card holder name and address the card is billed to: _____

Card holder phone #: _____

I, agree to allow Dr. Laurie McGee, PhD to keep my credit card on file and understand the above conditions.

Card holder signature

Date