



3285 N Arlington Heights Road, Suite 201
Arlington Heights, IL 60004
847/398-0499
www.familyresilience.org

Unfortunately, we have had too many experiences with clients who have not paid copays and deductibles as requested, essentially walking away from their bill. If you choose not to allow a credit card to be on file, we will ask for payment in full every session – not just copays, but full payment of fees. This policy includes clients that we are billing to insurance. We apologize that we find this necessary. The Family Resilience Group pledges that this information will be kept in a locked area, secured location and destroyed upon the completion of services and full payment of your bill.

Date: _____ Credit card type: (Circle) Mastercard Visa Discover

Name of the cardholder : _____ Billing Zip Code: _____

Card number: _____ Exp. Date: _____

3 digit Security Code: _____ Billing house/apt number in address: _____
(ie. 3285 N. AH Road = 325)

I agree to pay the charges added to my credit card account by The Family Resilience for charges in the following situation, with a 3% service fee added: (Initial)

_____ Please send me a monthly invoice and I will make payments by one of the following methods:

- ___ Reply by email or phone to Patrick James to run my credit card on file
- ___ Bring a check or cash at my next appointment
- ___ Pay via the Client Portal

OR

_____ Please charge my credit card monthly for all my copays, deductibles and any outstanding charges.

Cardholder Signature

Dated

Witnessed: _____

For any payment questions please contact Patrick James at (847) 398-0499 x5 or pjames@familyresilience.org