

**Dr. Debra Levidow  
7789 E. Tailspin Lane  
Scottsdale, AZ 85255  
602-908-3414**

**COLLECTIONS POLICY**

It is the policy of this office to obtain and maintain on record an up to date/valid Amex, Visa or MasterCard and authorizing signature. This will remain in your confidential file as a guarantee of payment and allows me to avoid having to take collections actions against a client. No charge will be billed to this account unless the owner of the card fails to reconcile debts for services rendered. Initial here\_\_\_\_\_.

Please be reminded that clients are responsible for payment on the day of or at the latest, time of their session. You are responsible for any fees or any charges associated with no shows or late cancellations as per policy (less than 24 hour notice) on the day of occurrence. All payments can be made utilizing Apple Pay, Venmo or Zelle. Initial here \_\_\_\_\_.

If you have an outstanding balance, I will make three attempts to collect payment. You are responsible for making sure your record shows an updated credit card and mailing address at all times and also for signing for any certified mail sent from this office. Failure to keep updated information or refusing certified mail notifying you of attempts to collect outstanding balances does not exempt you from this collection policy. Initial here\_\_\_\_\_.

If your account is not cleared within 30 days of the last collection attempt, you hereby authorize me to collect any and all outstanding amounts on the credit card listed below. Initial here\_\_\_\_\_.

You are also authorizing the release of billing statements showing the validity of the charge(s) to the credit card company should that become necessary. In the event charges are billed to this account, you will be sent a copy of the credit card charge and reconciled bill within 7-10 business days. This signed credit card collections policy is for the use only for services rendered by Dr. Debra Levidow and/or for fees associated with client's late cancellation or no show for appointments.

Your initials below indicate you have read and understand these policies. Initial here\_\_\_\_\_.

**Client's name**\_\_\_\_\_

**VISA      MASTERCARD      AMEX      (Please circle one)**

**Card Member Name & Signature**\_\_\_\_\_

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

**Expiration Date:** \_\_\_\_\_ **Security code on back:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_