TERRAP ANXIETY AND PHOBIA CARE
COGINITIVE AND BEHAVORIAL HEALTH ASSOCIATES

A division of Julian M. Herskowitz, Ph.D, Psychologist, P.C.

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Julian M. Herskowitz, Ph.D.
President

Kathy Plonski
Admin/Insurance Coordinator

Credit Card Authorization

Although TERRAP Anxiety and Phobia Care are providers for many of the major insurance carriers, we are not in network with all insurances. Many insurance companies have out of network benefits that will reimburse a large percentage of the costs of quality care. As a courtesy to our patients, we will submit claims for your out-of-network benefits electronically. However, most insurance companies will reimburse the patient directly. They will not send the check directly to us. It is your responsibility to cover the cost at the time services are rendered. We will accept a personal check, cash, or credit card payment. In order to ensure that we will be reimbursed in a timely manner, we ask that you provide a credit card that you authorize us to charge if we do not receive payment from your insurance company within 30 days. Deductibles and co-insurance may apply with both In and Out of Network policies.

I hereby authorize you to charge my credit card for professional services rendered or if in the case of assignment when checks are sent by my insurance company to me that are intended for the provider, and I fail to forward those checks within 30 days of receipt.

Credit Card information: (VISA, MASTERCARD, DISCOVER)

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

Name on Card: _____

Signature of Card Holder: _____

Name of patient: _____

Date of Contract: _____

Signature of patient (or parent if minor):_____