

# Paulo Lazaro, LCSW, CBT, EMDR

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North Miami, FL 33181

## CREDIT CARD GUARANTEE

### [ ] PATIENTS NOT USING INSURANCE

I agree to have my credit card designated below charged for the amount corresponding to the agreed fee of my session, at the date of my appointment or later. As an alternative, I may provide the payment on the same day of the appointment through other means, using Zelle, Venmo, checks, cash, etc, instead of using the credit card below.

### [ ] PATIENTS USING INSURANCE ASSIGNMENT

Our Insurance Assignment Program is designed to keep your out-of-pocket expenses to a minimum. As a courtesy to you, we will bill your health insurance carrier on your behalf and wait up to 90 days for payment. Please remember, however, that you are ultimately responsible for payment. On Day 90, if the bill has not been paid by your insurance company, we will charge your designated credit card below for the amount of the claim. Any payments made on these claims thereafter will be immediately refunded to you.

I agree to the above terms and authorize you to charge any payment not paid by the end of each week to the credit card below.

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CVV#: \_\_\_\_\_

Credit Card: ☐ AMEX ☐ VISA ☐ MC ☐ DISCOVER

Cardholder's Name: \_\_\_\_\_

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

\_\_\_\_\_  
ZIP: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date