Credit Card Authorization

Please be aware that your therapist is only company makes a payment. If you do not show paid. With advance notice of cancellation, they a \$75 fee when you do not show or do not cancel the control of th	up to your appare then able t	oointment, your to fill that slot. Fo	therapist doesn't get or this reason, we charge
Gabriel Group Counseling uses an independent Systems or NCDS Medical Billing that has be submitting claims to your insurance company a have any questions regarding your bill, please of select option 2 to speak to a representative	en in business nd are respons call our billing	since 1984. They ible for submitting	y are responsible for ng bills to you. If you
You can also go to their website, ncdsinc.com , time. Please ask your therapist to provide you v		_	see your account at any
We require that you keep your credit card or de information is kept confidential and secure and			
1. You have not responded to three statement	nts sent to you	by our billing co	ompany NCDS, and
2. You have not responded to a phone call b	y NCDS, and		
3. You have not responded to a text from ou	ır office.		
*I authorize North Coast Dynamic Systems (I financial responsibility to the following credit of			-
Patient Name_			
Visa MasterCard American Expres			
Name on card			
Card #/////		/	
Expiration Date/CVC Code			
Billing Address		City	Zip
Cardholder Name			
Signature			
If you see a charge on your credit card statement please be advised that is our billing company.			