

**Aaron Polsky, LCSW  
1805 N. Mill St. Ste. B  
Naperville, IL 60563**

**Authorization to Secure Payment**

I, \_\_\_\_\_ authorize Dr. Kimberly A. Lemke, P.C., Mary Englund, PsyD, LLC and Aaron Polsky, LCSW to process payment on my Visa, MasterCard, or Discover Card for any balance due that has not been paid **30 days after it has accrued.**

I understand if the appointment is missed and I do not follow the cancellation policy as specified, Dr. Kimberly A. Lemke, P.C., Mary Englund, PsyD, LLC and Aaron Polsky, LCSW is authorized to charge my credit card the same day as the missed appointment.

I understand that if my card is declined Dr. Kimberly A. Lemke, P.C., Mary Englund, PsyD, LLC and Aaron Polsky, LCSW, may put my credit card payment through on another day when funds become available.

I understand that I have given Dr. Kimberly A. Lemke, P.C., Mary Englund, PsyD, LLC and Aaron Polsky, LCSW my credit card information to keep on file. I further understand that if I miss a scheduled appointment or fail to provide 24 hours notice, my credit card will be charged the full amount of the session.

I have read and understand this form. I attest that the information below is true and accurate.

\_\_\_\_\_  
**Signature of Card Holder**

**My credit card information is as follows:**

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

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Credit Card Account Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV

\_\_\_\_\_  
Address

\_\_\_\_\_  
Zip Code

Is this a debit card?

Yes     No

\_\_\_\_\_  
Today's Date

Please indicate if you would like your session Co-pay automatically charged to your Credit card.     Yes     No    Amount of Co-Pay \_\_\_\_\_

**By providing the following e-mail address, I give Dr. Kimberly A. Lemke, P.C., Mary Englund, PsyD, LLC and Aaron Polsky, LCSW authorization to communicate with me/ and or submit a bill to the e-mail address listed below. I also understand that by providing the following e-mail address, I accept the HIPAA risks associated with electronic submission of data.**

**E-mail Address:** \_\_\_\_\_