

# Authorization for Payment Guarantee

\*\*\*PLEASE READ CAREFULLY\*\*\*

I, \_\_\_\_\_, do hereby give my full and complete  
[Print Responsible Party Payment Guarantor Full Legal Name]

voluntary express written authorization, acknowledgment, agreement, consent and release, in perpetuity, without any reservation, to and for Northern Illinois Counseling Associates, P. C. (NICA), inclusive of any of its previous, present and/or future accessed, rendered and/or utilized "clinical" and/or "non-clinical" programs and/or services, for NICA to promptly apply, without any prior notice or concurrent notification by NICA, to either the Client, who is the recipient of Responsible Party Payment Guarantor and/or to their Responsible Party Payment Guarantor, any and/or all balance due amounts to NICA, whether or not the Client, who is the recipient of Responsible Party Payment Guarantor and/or their Responsible Party Payment Guarantor, accrues charges for services rendered from contracted health insurance agreements, Medicare and/or other "third-party" health and/or mental health benefits specific to applicable deductibles, co-insurance and/or co-pay amounts and/or any balance-due amounts to NICA, related to any and/or all applicable outstanding non-insurance charges to my merchant charge card, whether via credit card, debit card or other similarly purposed merchant services "charge card" and/or other payment mechanism acceptable to NICA (e.g., PayPal, etc.), in NICA's sole discretion, as a continuous payment guarantee, for any and/or all charges arising out of any and/or all NICA rendered clinical and/or non-clinical professional and/or other services either to, or upon behalf of, the Client named below and/or the Client's Responsible Party Payment Guarantor, as identified & signified, herein:

\_\_\_\_\_  
[Print Full Legal Name of Client Who is the Recipient of Responsible Party Payment Guarantor, Above]

Authorization for Payment Guarantee commencing on and/or retroactive to: \_\_\_\_\_,  
and thereafter. [Effective Date of Payment Guarantee]

This Authorization for Payment Guarantee is an addendum to NICA's Fee Policy and if revoked, withdrawn or defaulted by the responsible party payment guarantor, for any reason, will result in the recipient Client and/or their Responsible Party Payment Guarantor, being subject to the full financial liability and responsibility of NICA's prevailing Fee Policy including any and/or all legal and/or other recovery costs.

Merchant "Charge Card": (Please Specify):  VISA;  MasterCard;  Discover; Valid Through: \_\_\_\_\_

Print Name Exactly as it Appears on Card: \_\_\_\_\_

16 Digit Card #: \_\_\_\_\_ Three Digit Code: \_\_\_\_\_

REQUIRED: [Full Legal Signature of Responsible Party Payment Guarantor] [Date]

OPTIONAL: [Full Legal Signature of Client] [Date]

REQUIRED: [NICA Representative] [Date]