

PAYMENT POLICIES FOR THE RIVERWALK GROUP

Effective February 25, 2021

The Riverwalk Group provides psychotherapy, group therapy, workshops and programming. Due to the prevalence of virtual sessions, bank information for an ACH payment or credit card information is due on file and will be encrypted and held securely as noted below. Please see page two for the necessary information.

Our goal is to make the payment process as smooth and efficient as possible for our clients with the following options included below. Payment is expected at the end of each session. Please check the box with your preferred payment option.

- Cash or Check at time of visit, when sessions are in person.
- Retainer for payment in advance of an expected number of monthly sessions.
- ACH payment. By checking this option, I authorize and approve the Riverwalk Group to process my payment for each session using my bank information on file. There is no additional fee to you for this option.
- Credit card payment. By checking this option, I authorize and approve the Riverwalk Group to process my payment for each session using my credit card information on file. I also understand a 3.5% service fee will be added to each session.
- Invoice payment. By checking this option you prefer to pay electronically through the Riverwalk Group invoice by inputting your bank or credit card information yourself online. If you choose this option, we must still have your bank or credit card information on file.

Please note: If payment is not received within 15 days from receipt of invoice, the Riverwalk Group has my permission to process the ACH payment or charge my credit card as written below and/or on file, unless other arrangements have been previously made.

I, _____ have read the above policy and understand that payment is due at the end of each session by check, cash, ACH or credit card payment options as noted above.

Signature:

Today's Date:

Please provide either your bank account OR credit card information.

Customer bank account information:

(no additional fee for this option)

Routing number

Bank account number

Account type (check one box): Checking Savings Business Consumer

Credit card information:

(A 3.5% service fee will be added for each session)

Name on Card: _____

Billing Address Credit Card: _____

Type of Credit Card: Mastercard Visa American Express

Card Number: _____

Expiration Date: _____

Security Code: _____

Please provide the Riverwalk this information through *Upload Forms* on **theriverwalkgroup.com** website or you can provide to your clinician if in person. Our system is HIPAA and PCI compliant. Please do not email this form to us. Please note: if you do not feel comfortable providing this information electronically or in person, please call Rosemary Suchoff, our Office Bookkeeper, at 203.247.1360, but we do need your approving signature on-file.

**As Noted above: Information written here will be entered to a secure system that will store your bank information or credit card in a way that is encrypted and not accessible except under the appropriate circumstances to make a payment. If the Riverwalk Group receives a paper form, it will be destroyed after this information is transferred; the information is NOT stored anywhere in our offices.*