



## Credit Card Payment Authorization

**PHONE/VIDEO SESSIONS:** When participating in video or phone sessions, I understand that my credit/debit card information will be kept on file, and I authorize my therapist to charge my card at the time of the session or afterwards.

**MISSED SESSIONS:** I understand that when I schedule an appointment, whether in- person or by video or phone, that time is held for me. I also understand that insurance or EAP plans typically will not pay for missed sessions. Therefore, I understand my credit/debit card information will be kept on file, and if I cancel or reschedule a session without 24 hours' notice or if I do not show for the appointment, I authorize my therapist to charge my card for the missed session. If using insurance, the missed session fee will be the full session fee (not just my insurance copayment).

**HEALTH SAVINGS ACCOUNTS (HSA) CARDS:** If I have an HSA credit card, I authorize my therapist to charge the card for services at the time of the service or afterwards. I understand that missed sessions cannot be billed to HSA credit cards, nor can I bill sessions in advance on HSA cards.

**OTHER CHARGES:** Other charges that may be billed to your credit card are bank fees for bounced checks, or any balances not paid within 30 days.

**OTHER PAYMENT OPTIONS:** If I prefer not to use my credit card, I understand I may pay in advance for sessions by sending a check. However, I understand that a credit card will be kept on file to cover missed sessions, bounced checks, and unpaid balances.

### CREDIT CARD INFORMATION:

Name on the card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_. Security code: \_\_\_\_\_

Zip code where you receive credit card bill: \_\_\_\_\_

I verify that the information provided above is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest/additional costs incurred if denied.

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Signature

Printed Name

Date