

Authorization for Credit Card Use

In an effort to better serve our clients and simplify your billing experience, our practice offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

OPTION

____ (Initial) I hereby authorize Counseling Coaching & Concierge LLC, to keep my signature on file and charge my credit card for the balance currently due on my account for the amount of \$_____.

PAYMENT INFORMATION

Client Name: _____

Client Billing Address: _____

Type of Card:    

Card Number: _____

Expiration Date: _____ Security Code: _____

(last three digits on card, last four on AMEX)

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____ Date: _____

CHARGE POLICY

____ (Initial) Being the authorized cardholder, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided or for any appointments not cancelled pursuant to cancellation and missed appointment policy. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

____ (Initial) Payment is expected at the time of your appointment unless other arrangements have been discussed and agreed upon in advance. Your health insurance company may reimburse Counseling Coaching and Concierge, LLC for your psychotherapy. However, you are responsible for any deductible, co-payment or balance applicable to your individual policy due to terminated policies, or changes in the policy that impacts the service in which Counseling and Coaching Concierge has already rendered to the patient. If using an EAP authorization, Counseling Coaching and Concierge LLC, will charge the account accordingly beyond the granted number of sessions authorized by their EAP vendor.

____ (Initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment any unused funds may be used to pay for sessions redeemable within 1 year.