

Client Credit Card Authorization

Your Journey To Finding Peace, LLC
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Client Credit Card Pre-Authorization

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.

OPTIONS	<p>____ (initial) I hereby authorize _____ to charge the balance of my account automatically for: No show and (24hr or less) cancellations. Cards will be charged within 24hr of the No show or Cancellation Payment or Co-pay will be charged at the end of each session.</p> <p>____ (initial) I choose to manually pay my account balance online at the beginning of each session. Fee is due at the time service is render, unless an agreement has been made between you and your therapist. If there is any outstanding balance after the 15th of the month, balances are considered past due and will be charged a \$10 late fee. After 30 days, account balances will automatically be charged to the card on file.</p>
PAYMENT INFORMATION	<p>Client Name: _____</p> <p>Client Address: _____</p> <p>Type of Card: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </p> <p>Card Number: _____ Expiration Date: _____</p> <p>Security Code: _____ Billing zip code: _____</p> <p>The undersigned guarantees performance of the financial provisions of this agreement.</p> <p>Card Holder Name: _____</p> <p>Signature of Card Holder: _____ Date: _____</p>
CHARGE POLICY	<p>____ (initial) Being the authorized cardholder or the Corporate Officer, 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. 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.</p> <p>____ (initial) Charges made for actual services performed by our office are non-refundable. In the event of pre-payment any unused funds will be refunded within <u>30</u> days.</p>

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24 Hour Appointment Cancellation Policy

I understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment you provide at least a 24 hour notice. This will enable for another person who is waiting for an appointment to be scheduled in that appointment slot.

If you miss your appointment, cancel or change your appointment with less than 24 hour notice, you will be charged a \$60.00 cancellation fee.

By signing below, you acknowledge that you have read and understand the Cancellation and No show policy.

Thank you for your understanding and cooperation.

Signature:

Date: