Complete Counseling, 810 Palmer Rd, Suite 101, Madison, AL, 35757 Phone: 256-213-1934

# Credit Card Authorization Form

- **NO SHOW/LATE CANCELLATION FEES**
- **INSURANCE CO-PAYS & DEDUCTIBLES**
- **THERAPY FEES**
- **TELEHEALTH SESSION CO-PAY**

**Acceptable Forms of Cards:**
**- ALL MAJOR DEBIT CARDS**
**- ALL MAJOR CREDIT CARDS**
**- HSA/MEDICAL CARDS**

**In order to provide you and other patients of Complete Counseling with the best possible care, a minimum of 24 hours notice is required to cancel or reschedule your appointment.**

I, _____ understand the importance of notifying my therapist at least 24 hours prior to my scheduled appointment that I am not able to keep my appointment. If I am experiencing an emergency, I will provide as much notice as possible to avoid being charged a Late Cancellation fee of $60. I understand that I will be charged a No Show fee of $70 for failing to call and/or show for my scheduled appointment.

I, _____ give Complete Counseling staff the authorization to charge my credit card $60 for each missed therapy session where 24 hours notice is/was not given, $70 for each missed therapy session where I fail to call and/or show for the appointment, as well as, any outstanding balances that I may accrue for services provided by Complete Counseling. These arrangements for payments have been agreed upon in writing between my therapist and me. I will be provided a receipt for all payments upon request. This card may also be used for payment of services upon my request (co-payment, deductibles, and fees).

I understand that I may revoke this agreement at any time by providing a request in writing. I am also aware that when psychological services provided by Complete Counseling staff have ended; this form shall be shredded once I am terminated from treatment.

Name on Card: _____

Card Number: _____- _____- _____- _____

Expiration Date: _____/ _____ CVV Code: _____

Street Address: _____ Zip Code: _____

Email Address for Receipt: _____

Patient Name (Printed): _____

Patient (or Parent/Guardian)/Card Holder Signature below:

_____ Date: _____