

**Clearview Counseling and Consultation, LLC**

CREDIT CARD POLICY & AUTHORIZATION FORM

Thank you for becoming a client of Clearview Counseling and Consultation, LLC. In order to meet the needs of all of my clients while working with the changing healthcare marketplace, the office has decided to implement a credit card on file policy. All clients will be required to place a credit on file, which will be charged in the event of nonpayment for session fees. If you are unable or unwilling to provide this, this form serves as notification of fees and payment expectation. Those who do not provide card information will be expected to pay fees at time of next appointment or within the week it is incurred unless a different arrangement has been made.

The following session fees may apply if not paid in person at date of service or previous arrangement made based on your insurance coverage:

- Copayments (varies based on your insurances coverage)
- Deductible payments (varies based on your insurance coverage)
- Co-insurance payments (varies based on your insurance coverage)

The following fees apply when there is a missed appointment or returned check and will be automatically charged to the credit card on file unless there is another arrangement made. Cancellations are required 24 hours in advance, preferably 48 hours.

- Missed Appointment Fees (\$50)
- Returned Check Fees (\$35)

Client Signature: \_\_\_\_\_

I authorize Clearview Counseling and Consultation, LLC to keep my signature on file and to charge fees, as described above, to the credit or debit card listed below. I understand that certain fees (missed appointment and returned check fees) will be automatically charged to the card I have placed on file. I understand that this authorization is valid until I cancel it in writing.

Cardholder Name (Please Print): \_\_\_\_\_

Card Type (Circle One): Visa      MasterCard      Discover      American Express

Account Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

V-Code: \_\_\_\_\_ (3 or 4 digit number on the back of your card, usually next to your signature)

Zip Code: \_\_\_\_\_

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I understand that I may choose to make payments at the time of session with a different payment form. Any payments not made at the time of session, will be charged to the credit card on file unless a prior arrangement has been made.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_