

Sarah McKnight PhD, LMFT-**Credit Card / HSA Authorization Agreement**

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time.

I, _____, authorize my therapist _____, to use the credit card information below to charge my card in the following events that have been initialed by my therapist:

_____ **SESSIONS:** Session fees will be charged on the day of (or after) a scheduled session.

_____ **UNCOVERED SERVICES:** I understand I will be charged for any services not covered by my insurance plan.

_____ **MISSED SESSIONS:** I understand that when I schedule an appointment, that time is held for me, and that insurance will not pay for missed sessions. Therefore, I understand if I cancel a session without 24 hours' notice or if I do not show for the appointment, I authorize my therapist to charge my credit card for the missed session. I understand I will be charged the full session fee (not just my insurance copayment, if using insurance).

_____ **FORGOTTEN PAYMENTS:** I understand that if I do not have my payment when I come to a session, the expected payment will be charged.

_____ **RETURNED CHECKS:** If a check is returned unpaid, the amount of the check will be charged to the credit card, plus any returned check fees.

_____ **HEALTH SAVINGS ACCOUNT (HSA) CARDS:** If I have a HSA credit card, I authorize my therapist to charge the card for all services at the time of the session or afterward. I understand that missed sessions cannot be billed to HSA credit cards.

I will not dispute charges ("charge back") with the credit card company for sessions I have received or appointments I have missed according to the above policy.

My credit card information: VISA MC AMEX

Name as it appears on card: _____

Credit card number: _____

Expiration date: _____

Security code: (3 digits on back of card, 4 digits on front of AmEx): _____

Zip code where you receive credit card bill: _____

"I verify that my credit card 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 or additional costs incurred if denied."

Signature: _____

Client Written Name: _____

Date: ____/____/____