

HeartShare Counseling & Consulting PC

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Credit Card Authorization Agreement

***(Required) Credit Card Authorization for Cancellation and Other Services**

- I agree to pay the full session fee (current fee as of session date) for an individual session or for a couple's/family session for any missed/cancelled appointments if I have not cancelled with 24 hours' notice (one business day) before the scheduled appointment date in accordance with the cancellation policy (in the professional disclosure and informed consent statement). **Initial** _____

- Returned check fee of the initial check dollar amount and additional \$25 fee. Any non-returned book loan \$20 fee. **Initial** _____

- I agree that telephone contact or other counseling services (stated in the fee schedule & payment policy of the professional disclosure and informed consent statement) with Pripo Teplitsky, HeartShare Counseling & Consulting PC, in excess of 10 minutes other than that associated with normal scheduling services will be billed at the prorated 50 minute session rate per 10 minute increments. **Initial** _____

Credit Card Type: MasterCard _____ Visa _____ Discover _____ Debit Card _____

Health Savings Account Card _____ Flexible Savings Account Card _____

Credit Card Number: _____

Expiration Date: _____

Name as Printed on Card: _____

Zip Code: _____

****The above confidential information will be kept on file in a secured and locked location.**

By signing this agreement I am authorizing, HeartShare Counseling & Consulting PC, to charge the above credit card account for the above professional services rendered to me, my spouse/partner or on behalf of other family members. This information is complete and correct. I agree to update any information regarding the above account.

Print Name: _____

Signature: _____ Date: _____