



317 N El Camino Real 306 Encinitas, CA 92024

### **Credit Card Authorization Form**

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

In case of late cancellations and/or no shows for scheduled sessions, your credit card will be charged the amount that is paid for your session including the square 3.75% plus 15 cents manual-transaction processing fee. If you are using insurance for payment, then you will owe the contracted amount that your insurance pays. If a balance accrues due to an unmet deductible with your insurance company, an unpaid balance from your insurance, or if a personal check is returned unpaid, your credit card will be charged for the unpaid balance. An additional \$35 is charged for returned checks.

I, \_\_\_\_\_, am authorizing Jennifer Hill, LPCC #2992, to use my credit card information to charge my credit card. In the event that I do not notify her of my inability to attend a scheduled therapy appointment, do not cancel my appointment at least 48 hours in advance, a check is returned for any reason or there is an outstanding balance after 30 days.

Type of Card:

VISA  MasterCard  Discover  American Express

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Verification/Security Code (3 digit code on back): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

By signing below I am authorizing Jennifer Hill, LPCC to charge my credit card for scheduled appointments or outstanding balances after 30 days.

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

Date: \_\_\_\_\_