



Client Credit Card Pre-Authorization

In an effort to better serve our clients and simplify your billing experience, our Practice offers credit card acceptance. Charge card information is filed with your confidential client information and kept secure.

_____ (initial) I hereby authorize Solution-Focused Therapy Services, LLC, to charge copays, deductibles and out of pocket fees on my account after each session.

_____ (initial) I hereby authorize Solution-Focused Therapy Services, LLC, to charge outstanding balances on my account, including our \$75.00 cancellation fees if appointments are not cancelled within 24 hours.

_____ (initial) I choose to manually pay my account balance. Outstanding balances are due within 30 days of the invoice date. After the 30th day, balances are considered past due and will be charged a 10 percent late fee and account balances will automatically be charged to the card on file.

_____ (initial) I choose to pay my sessions with other forms of payment (e.g. cash, check, paypal). However, I understand that I will still need to allow Solution-Focused Therapy Services, LLC to keep a current and valid credit card on file.

Client Name: _____

Client Billing Address: _____

Type of Card: _____

Expiration Date: _____

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: _____

Signature of Card Holder: _____

Date: _____

Please indicate last 4 digits only (give card number to Therapist): _____

Security Code: (please give to therapist): _____

(last three digits on card, last four on AMEX)

_____ (initial) Being the authorized cardholder, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

_____ (initial) Charges made for actual services performed by our office are non-refundable. In the event of overpayment, funds will be refunded within 30 days of insurance EOB notification.