



Janet Bastien LMFT

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CREDIT CARD PAYMENT AUTHORIZATION

PHONE/VIDEO SESSIONS: When participating in video or phone sessions, I understand that my credit/debit card information will be kept on file, and I authorize my therapist to charge my card at the time of the session or afterwards.

MISSED SESSIONS: I understand that when I schedule an appointment, whether in- person or by video or phone, that time is held for me. I also understand that insurance plans typically will not pay for missed sessions. Therefore, I understand my credit/debit card information will be kept on file, and if I cancel or reschedule a session without 24 hours' notice or if I do not show for the appointment, I authorize my therapist to charge my card for the missed session. If using insurance, the missed session fee will be the full session fee (not just my insurance copayment).

HEALTH SAVINGS ACCOUNTS (HSA) CARDS: If I have an HSA credit card, I authorize my therapist to charge the card for services at the time of the service or afterwards. I understand that missed sessions cannot be billed to HSA credit cards, nor can I bill sessions in advance on HSA cards.

OTHER CHARGES: Other charges that may be billed to your credit card are bank fees for bounced checks, or any balances not paid within 30 days.

OTHER PAYMENT OPTIONS: If I prefer not to use my credit card, I understand I may pay in advance for sessions by sending a check. However, I understand that a credit card will be kept on file to cover missed sessions, bounced checks, and unpaid balances.

CREDIT CARD INFORMATION:

Name on the card: _____

Credit card number: _____

Expiration date: _____

Security code: _____

Zip code where you receive credit card bill: _____

I verify that the 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/additional costs incurred if denied.

Signature

Printed Name

Date