

Connections Counseling, LLC - Payment Authorization Form

Save time at the end of your sessions! We offer the convenience of paying for your sessions by using your Visa, MasterCard, American Express, Discover Card, Debit Card, or Health Savings Account (HSA card, not health insurance card). **Just complete and sign this form, and bring this form and your card with you to the appointment!**

DISCLAIMERS

While we utilize a secure terminal for processing credit card transactions, we cannot guarantee your confidentiality. The only information given to the credit card company is what is listed below, as well as the dates of service. The name "Connections Counseling, LLC," or the like, will appear on your credit statement. Further, if you are the guarantor, but not the client, we cannot release any clinical or attendance information to you, without a written release of information from the client.

HSA/Flex-Spending: Connections Counseling, LLC can conveniently charge your HSA/Health Savings credit card. However, it is the responsibility of the subscriber to ensure that the card is accepted for use in counseling services. Some employers do not consider counseling a health service. We recommend that you contact your Human Resources Representative to ensure that the card will be accepted, and not incur declined fees.

Declined Cards: We understand that sometimes things happen, and credit cards are declined. Please also understand that we incur a fee, as a company, when the card is declined. As such, any declined transaction will result in a \$10 fee accrued on your account. We will try the card one additional time; however, after the second decline, an alternative form of payment is required.

Collections: If you have a balance on your account, from any form of payment, you have 10 days to clear this balance with an alternate form of payment. If the balance is not cleared, with the fees attached, as per above, your account will enter into a collections agency. Connections Counseling, LLC will only provide the collections agency with your demographic information (name, address, phone number, DOB, email address), as well as dates of service and balance. If you choose to dispute these charges, or if the collections proceedings enter into the court system, we cannot guarantee that the additional information in your file will not be compromised.

Missed Session Fee: As per the informed consent paperwork, any session not cancelled **with a minimum of 24 hours notice** of the appointed time will result in the full fee being rendered. Connections Counseling, LLC will utilize the credit card on file to charge the balance.

Good Faith: We provide services in good faith that payment will be made. If the payments are not made, in accordance with the arrangement with the therapist, services may be terminated. If you cannot afford the payments, we are happy to assist your with additional counseling referrals.

Authorization:

I _____ (card holder) authorize Connections Counseling, LLC to charge my credit card indicated below for _____ (indicate amount) for this current session on _____ (date). I understand, for future sessions, I am pre-authorizing Connections Counseling, LLC to charge my credit card for any session hereafter, or any balance incurred. Further, I will let my therapist know verbally, after each session, if I wish to use another form of payment (check or cash). Finally, I have fully read and understand the disclaimers above.

Client(s) Name _____ Client(s) DOB _____ Name of Cardholder _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Visa MasterCard

Amex Discover

Health Savings Account (HSA)

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

For internal use only

Therapist's Name _____

Dates of Service Amount Date Charged Approved?

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect from one year of signing, unless I cancel it in writing. I agree to notify Connections Counseling, LLC, in writing, of any changes in my account information or termination of this authorization at least 2 days prior to the next billed session. In the case of a transaction being rejected for Non-Sufficient Funds (NSF) I understand that Connections Counseling, LLC may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$10 charge for each attempt returned NSF. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form. I understand that the name "Connections Counseling, LLC" will appear on my credit card statement.