



Credit Card Pre-Authorization Form

Client Name: _____ Client DOB: _____

The undersigned Client/Cardholder hereby authorizes Creekside Counseling +Wellness, through Therapy Notes and CardConnect, to obtain payment for fees for services, copayments, late cancel* or missed appointment fees, and phone call fees (calls exceeding 15 minutes, see office policies) from the Client/Cardholder's credit card/debit account/HSA card identified below Creekside Counseling +Wellness may charge the account for late cancels, missed appointments and phone calls per the office policies, without requirement of the Client/Cardholder's signature for each payment in the amount equal to the appointment charge. This will be automatically assessed.

By signing this form, the Client/Cardholder acknowledges and agrees to the following:

- This signed form is confidential and will be kept in the client's chart as well as in his/her Therapy Notes online medical record
- The Client/Cardholder authorizes Creekside Counseling +Wellness to automatically charge the below- referenced card any remaining balance on the above-named client's account (including copays, co-insurances, deductibles, late cancels, missed appointment fees, or phone calls exceeding 15 minutes).
- The Client/Cardholder certifies, warrants and represents that the Cardholder named above agrees to pay the charge(s) in accordance with the agreement described above.
- Charges will appear on the client's Therapy Notes statement and will be provided upon request.
- This authorization will remain valid for 12 months and will automatically renew on an annual basis, unless revoked in writing with 30-day notice of revocation.
- This authorization serves as agreement for receipts to be noted "signature on file" when charged.

Name on Card: _____

Credit Card #: _____

CVV #: (3 digits on back of card): _____ Expiration: _____ Billing Zip Code: _____

Printed Name of Authorized User: _____

Patient/Cardholder Authorized Signature: _____ Date: _____

Clinician/Witness Signature: _____ Date: _____

*** AT LEAST 48 HOURS NOTICE IS REQUIRED FOR ALL CANCELLATIONS**

Reminder e-mails are sent as a courtesy to clients through the Therapy Notes system. It is ultimately the responsibility of each client to keep up with appointment times.