

Crain Counseling Payment consent form

Crain Counseling accepts cash, check or credit card. A flat rate of \$75/50-minute session and a \$25/15-minute electronic session (Phone/Computer) is the rate for service.

Broken Appointments: Crain counseling's cancellation policy is that clients should cancel appointments within 24 hours of their appointment. If cancellation or rescheduling does not occur within 24 hours client will be charged a broken appointment fee which is the cost of the scheduled session. Consistent broken appointments maybe cause for termination of services. **Initials:** _____

Credit Card Payments: All credit card payments will be charged an additional 2.50 for processing fees. **Initials:** _____

Credit / Debit Card Payment Consent Form

Client Name: _____ **DATE:** _____

Party Responsible for Payment: _____

Name as it appears on Card: _____

Credit card number: _____

Expiration: _____ **Security Code:** _____

I understand that scheduling an appointment with **Crain Counseling** is a contract for services and that payment for services is due at the time of service. I further accept payment responsibilities for the following clients:

1. _____
2. _____
3. _____
4. _____
5. _____

I authorize **Crain Counseling** to charge my credit/debit/health account card for professional services 24 hours before our scheduled appointment. If I do not cancel before 24 hours, I recognize that **Christina Crain** will charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge \$75 per 50-minute session. **Initials:** _____

I verify that my credit card 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 or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Signature: _____

Date: _____