

Authorization to Charge Credit Card for Services

Client's Name: _____

Telephone Number: _____

Name on Credit Card: _____

Client's Mailing Address on credit card (including zip code):

_____ Zip _____

Credit Card Number: _____ (CVC) _____

Expiration Date: _____

I, _____, authorize Aileen Hays, LCSW to charge my credit card for:

Copays	_____
Full Sessions	_____
Late Fees	_____

I understand that in the event that my insurance does not pay I am still responsible for payment of fees incurred. In the event that my insurance does not pay, I authorize Aileen Hays, LCSW to charge my credit card on file for the session.

In addition I agree to allow this card to be charged a missed appointment fee of \$40 for any session that has not been cancelled 24 hours prior to the appointment time. Insurance will not pay for missed sessions.

Signature: _____ Date: _____