

## Payment Authorization Form

Client Name: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Payment for services is an important part of any professional relationship. You are fully responsible for making sure that services are paid in full. Session fees for self-pay individual psychotherapy are \$145 for 55 minute sessions, unless otherwise specified. Session fees for DBT Skills Training Class are \$70 for 75 minute sessions, unless otherwise specified. If you are using your insurance to help you pay for individual psychotherapy your fees are determined by your insurance policy.

It is the policy of Decatur Mindfulness and Psychotherapy to keep an authorized credit or debit card on file to be used for any missed appointments or late cancellations. There is a 4% service fee added when your credit / debit card is processed.

The missed appointment fee for individual psychotherapy is \$95. The missed appointment fee for DBT Skills Training Class is \$70. Insurance will not pay for missed appointment fees.

For payment, you may choose to use any credit or debit card with a Visa, MasterCard, American Express or Discover logo. If your payment is denied for insufficient funds, you will be charged a fee of \$25 per incident.

All client information, including debit and credit card information, is stored and processed using all the required components of HIPAA compliance.

1. The person completing this form and agreeing to pay for any late fees or missed appointments is the :

- Client
- Parent
- Partner/Spouse
- Other

2. Cardholder's name (*exactly as it appears on the card*):

3. Card number:

4. Expiration date:

5. CVV (usually 3 digit # on back of card)

6. Card type:

- Visa
- Mastercard
- American Express
- Discover

7. What is your zip code for this card?

8. I have read and agreed to this policy, and I hereby authorize Decatur Mindfulness and Psychotherapy to charge the debit or credit card listed above for payment of late cancellation and no-show charges to my account. This form will be kept on file and will remain in effect until the expiration date of the credit/debit card. Applicants may revoke this form by submitting a written request to the address listed above. A new form must be submitted if information such as the credit card account's expiration date is amended. The applicant must also submit a written notification to Decatur Mindfulness and Psychotherapy if the credit card is cancelled, lost, or stolen

Yes

No

9. I, \_\_\_\_\_ agree to the above payment policy.

Provide your signature and the date to acknowledge:

- 1) your agreement with this policy and
- 2) your authorization to Decatur Mindfulness and Psychotherapy to make future charges to your debit/credit card:

\_\_\_\_\_  
Client Name Printed

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date