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## Billing and Credit Card Authorization

Client Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

GUARANTOR INFORMATION (Person responsible for the bill):

Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

You may release information necessary for billing to this person. Yes No

CREDIT CARD AUTHORIZATION:

Name as it appears on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

VISA MasterCard 3-digit Security Code \_\_\_\_\_ Zip Code Associated with Card: \_\_\_\_\_

Email Address where you want client receipt sent

to: \_\_\_\_\_

I, \_\_\_\_\_, authorize Hyde Park Counseling, LLC to use my credit

card information to charge my credit card for my counseling sessions and in the event that:

1. An appointment is missed (full session fee charged unless emergency)
2. An appointment is cancelled less than 24 hours in advance (full fee charged unless emergency)
3. A check is returned for any reason (check amount, plus \$35 NSF fee)
4. A co-pay is assessed in conjunction to billing your insurance.
5. In the event insurance fails to cover services rendered, Hyde Park Counseling will bill the clients card on file.

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date