

HeartShare Counseling & Consulting PC

77 Church St., Asheville, NC 28801 • Ph:(828)712-8398 email:pripo@pripo.com

Credit Card Authorization Agreement

***(Required) Credit Card Authorization for Cancellation and Other Services**

_____ **Initial** I agree to pay the full session fee (current fee as of session date) for an individual session or for a couple's/family session for any missed/cancelled appointments if I have not cancelled with 48 hours' notice (two business days) before the scheduled appointment date in accordance with the cancellation policy (in the professional disclosure and informed consent statement).

_____ **Initial** Returned check fee of the initial check dollar amount and additional \$25 fee. Any non-returned book loan \$20 fee.

_____ **Initial** I agree that telephone contact or other counseling services (stated in the fee schedule & payment policy of the professional disclosure and informed consent statement) with Pripo Teplitsky, HeartShare Counseling & Consulting PC, in excess of 10 minutes other than that associated with normal scheduling services will be billed at the prorated 50 minute session rate per 10 minute increments.

Credit Card Type: MasterCard___ Visa___ Discover___ Debit Card___

Health Savings Account Card___ Flexible Savings Account Card___

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Name as Printed on Card: _____

Zip Code: _____

**The above confidential information will be kept on file in a secured and locked location.

By signing this agreement I am authorizing, HeartShare Counseling & Consulting PC, to charge the above credit card account for the above professional services rendered to me, my spouse/partner or on behalf of other family members. This information is complete and correct. I agree to update any information regarding the above account.

Print Name: _____

Signature: _____ Date: _____