



CREDIT CARD AUTHORIZATION FORM

IN PERSON VISIT/TELEHEALTH/PHONE SESSIONS

By signing this form, I authorize Art of the Heart Counseling Services LLC to charge my credit card the amount dictated by insurance as my financial responsibility per session, or the amount of my out-of-pocket payment when participating in in-person, telehealth, or phone sessions.

OTHER PAYMENT OPTIONS:

If I prefer not to use my credit or debit card, I understand I may pay for sessions using checks or cash. However, I understand that a credit card may be charged by my therapist to cover bounced checks, or any balances not paid within 30 days.

CREDIT CARD INFORMATION:

I, [REDACTED], authorize Art of the Heart Counseling Services LLC to charge my credit card through Stripe via SimplePractice for payment of services. I agree to pay for this service in accordance with my issuing bank's cardholder agreement. I verify that the credit card information I provide is accurate to the best of my knowledge. If this information is incorrect or if my payment is declined, I understand that I am responsible for the entire amount owed. I agree that I do not need to be notified before my card is charged, unless the amount changes, in which case I will receive a notice from Art of the Heart Counseling Services LLC at least 1 day prior to the payment being collected.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Art of the Heart Counseling Services LLC in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company if the transactions correspond to the terms indicated in this authorization form. I acknowledge that credit card transactions could be linked to Protected Health Information.

CLIENT NAME: _____

FINANCIALLY RESPONSIBLE PARTY: _____

TYPE OF CARD: VISA MASTERCARD DISCOVER AMEX HSA

NAME ON CARD: _____ CARD NUMBER: _____

EXP DATE: _____ SECURITY CODE: _____ ZIPCODE: _____

Email Address (for receipt, if desired): _____

Signature

Printed Name

Date