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| CREDIT CARD AUTHORIZATION |
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Please complete the following information. This form will be securely stored online through Square, LLC and will be entered into the system by you. You may be updated upon request at any time. All clients are required to have a valid credit card authorization on file.

I, _____, authorize Whitney Schlife, LPCC, to charge my credit/debit card for professional services as follows:

NON-INSURANCE PAYMENTS ARE BILLED AT THE FULL-SERVICE RATE OF \$90 PER INDIVIDUAL SESSION, \$110 PER COUPLE/FAMILY SESSION.

INSURANCE PAYMENTS ARE BILLED AT THE CO-INSURANCE OR CO-PAYMENT RATE SPECIFIED BY MY PLAN.

CANCELLATIONS AND NO-SHOWS ARE BILLED AT THE RATE OF \$60 PER SESSION, REGARDLESS OF INSURANCE COVERAGE.

I understand and agree that my card will be charged the amount stated above should any of the following situations arise (please initial each item below):

_____ Cancellations with less than 24 hours notice or appointments attended 20 minutes or more after scheduled start.

_____ Appointments I miss without notice (no-shows).

_____ Insurance refusal to pay for services.

_____ I will not dispute charges ("charge back") for sessions I have received, non-payment by insurance company, or appointments I miss according to the missed or cancelled appointment policy.

CREDIT CARD INFORMATION WILL BE ENTERED INTO THE SQUARE, LLC SYSTEM IN PERSON. NO INFORMATION WILL BE WRITTEN OR OTHERWISE STORED BY WHITNEY SCHLIFE, LPCC.

Client's Name (Printed)

Parent/Guardian's Name and relationship to Minor Client (Printed)

Client or Parent/Guardian's Signature

Date