



The initial session fee is due at the time the appointment is scheduled.

I agree to pay the \$150, as a new client deposit, at the time the appointment is scheduled. The fee is non-refundable should I fail to attend, provide less than 24 hours to cancel the appointment, I arrive late to the appointment, I choose not to comply with office policies, or I can not be seen for any reason. At the initial appointment, this fee covers the session fee

AUTHORIZATION TO CHARGE CREDIT CARD

I _____, GRANT PERMISSION FOR WELL-
CARDHOLDER
SPRING COUNSELING AND HEALTH LLC TO CHARGE MY CREDIT
CARD THE SUM OF \$ _____ FOR SERVICES RENDERED FOR
_____. THIS AUTHORIZATION EXTENDS FOR
CLIENT
ONE YEAR FROM THE DATE OF THIS SIGNATURE, BUT CAN BE
REVOKED IN WRITING.

CARD NUMBER _____

EXPIRATION DATE _____

CVV CODE _____

CLIENT SIGNATURE _____ DATE _____