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**FINANCIAL AGREEMENT**

**CREDIT CARD INFORMATION FOR MISSED APPOINTMENT/LATE CANCELLATION FEES**

The Missed Appointment Policy form that you signed explained this practice’s Missed Appointment policy. I keep this information on file in a secured location to ensure it is not breached or used for any other purpose. The only other time that I might charge this card is if you terminate therapy without paying your full balance; in this case, however, I would attempt to contact you before using this card for any outstanding charges.

Please note you cannot use an FSA/ HAS card for missed appointment fees. If you want me to keep another card on file for co-pays/ deductibles, please add the information to this form and indicate which card is for which.

**Missed Appointment Card:**

Please circle type of card: VISA MASTERCARD AMEX

Name of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code: \_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_ Your billing zip code: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Cardholder:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Card on File:**

Please circle type of card: VISA MASTERCARD AMEX HSA/ FSA

Name of Cardholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Security Code: \_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_ Your billing zip code: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Cardholder:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_