***Kimberly A Gaines Counseling***

*39755 Murrieta Hot Springs Road, Suite D160*

*Murrieta, CA 92563*

**CREDIT CARD AUTHORIZATION**

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time. All clients are required to have a valid credit card authorization on file.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Kimberly Gaines, LMFT to charge my credit/debit card for professional services as follows:

**LATE CANCELLATIONS, NO-SHOWS, & NON-INSURANCE PAYMENTS ARE BILLED AT THE FULL RATE OF $120/SESSION**

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.

\_\_\_\_\_\_ 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.

Card Type: \_\_\_\_\_\_ Visa \_\_\_\_\_\_ MasterCard \_\_\_\_\_\_ Discover \_\_\_\_\_\_ American Express JCB

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_ \_ Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address (Street, City, State & Zip):

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

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

Client’s Name (Printed) Parent/Guardian’s Name and Relationship to Minor Client (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Client or Parent/Guardian’s Signature