

Jennifer Moné, Ph.D., PLLC
Licensed Marriage & Family Therapist
EMDR Practitioner

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Individuals • Couples • Families • Children • Teens

Credit Card Payment Authorization

I prefer payment by personal checks or cash when possible. *Whether you choose to pay by check, cash, or credit card, though, I require one active Visa, MasterCard, or Discover Card number from you that may be used in the event that you are unable to bring cash or a check with you to an appointment.*

I/We, _____ and _____

Client #1 printed name

Client #2 printed name

hereby authorize Jennifer Moné, Ph.D., PLLC to charge the credit card listed below at the rate of _____ per 50 minute session in the event that payment is not made by cash or check.

I/We also authorize Jennifer Moné, Ph.D., PLLC to charge the credit card listed below at the regular session rate if I/we cancel an appointment or initiate a schedule change less than 24 hours in advance of my/our originally scheduled appointment time, or if I/we do not attend a scheduled appointment.

I/We understand that the amount charged, the date of charge, and Jennifer Moné's name may appear on my/our credit report, producing a record of services visible to my/our credit card company. I/We also understand that no specific content of my/our sessions (e.g. diagnosis, treatment plan, session notes) will be disclosed to billing or credit agencies without my/our signed consent.

I/We understand that my/our credit card information will be stored in a locked file cabinet during the duration of my/our treatment and for 7 years after therapy termination, at which point all card information will be shredded.

I/We also understand that up-to-date encryption programs will be used in all online credit card billing procedures.

Visa MasterCard Discover Card Number: _____

Card Expiration Date: _____

Three-Digit Authorization Code from the Back of the Card: _____

Name on the Card: _____

Zip Code for this Card's Billing Address: _____

Client #1 Signature

Date

Client #2 Signature

Date