Hope within Healing Counseling Services, PLLC
800 Rockmead Dr. #113
Kingwood, TX 77339
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CREDIT CARD AUTHORIZATION FORM

Your appointment time is reserved exclusively for you. Please be considerate of others - if you miss your appointment or cancel less than 24 hours of your appointment, I am unable to care for another patient in your place. Therefore, it is my policy that all new appointments must be guaranteed with a credit card number.

All appointment changes or cancellations must be made at least 24 hours in advance. Failure to do so, or appear for an appointment, will result in a charge to you for the booked appointment. Please note that the fee is the FULL SESSION charge of $140, NOT your COPAY. I am unable to bill insurance companies for no show sessions.

By providing your valid credit card number and signing this authorization form, you are authorizing, Hope within Healing Counseling Services, PLLC to charge your credit for your missed appointment. This fee is non-refundable. All information on this form is confidential and kept in a secure location. Thank you for your cooperation and understanding in this matter.

I hereby authorize Hope within Healing Counseling Services, PLLC to charge my credit card as follows:

Patient Name: _____

Card Holder's Name (if different than patient): _____

Credit Card Type: Visa: ____ MasterCard: ____ AMEX: _____ Discover: ____

Credit Card #: _____

Expiration: _____ Security Code (CVV): _____

Credit Card Holder's Billing Address (where credit card bill is mailed)

Street Address: _____

City/State/Zip: _____

Email Address: _____

I have read, understand and agree to the above fee payment and credit card policy for services provided by: Hope within Healing Counseling Services, PLLC

_____

Signature Date