



Take your life to the next level

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Credit / Debit Card Payment Consent Form

Client Name: _____

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3 digit code on back _____ **Expiration Date:** _____

Billing Zip Code: _____

I authorize HKB Consulitn. LLC/DBA IE Counseling to charge my credit/debit/health account card for professional services 24 hours before our scheduled appointment. If I do not cancel before 24 hours, I recognize that Heidi Kiebler-Brogan will charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge:

\$275 per hour for initial consult and assessment (or prorated calculations of this, depending on the length of meeting)

\$250 per hour, for individual sessions (or prorated calculations of this, depending on the length of meeting)

\$250 per hour, for case management/documentation, phone etc. (or prorated calculations of this, depending on the length of service)

\$275 per hour for family and couples sessions (or prorated calculations of this, depending on the length of meeting)

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Signature: _____ Date: _____

Initials: _____