



*Haven Counseling*

**Credit Card Authorization Agreement**

Haven Counseling requires a mandatory c/c to be kept on file even if you are also using your Health Savings card in order to receive counseling services. Please complete the following information for credit card charges. This form will be securely stored in your file and may be updated upon request at any time.

I, \_\_\_\_\_, authorize Haven Counseling to use my credit card information to charge my credit card for:

- Co-payments
- Deductible amount as determined by your insurance company
- Therapy session that you have authorized that is not covered by insurance
- Cancellation of my appointment less than 24 hours in advance (business day) no shows or missed appointments.
- Legal/court fees

I, **will not** dispute charges (“charge back”) for sessions I have received, authorized, nor appointments I have missed according to the above policy or Haven Counseling’s policy and professional disclosure.

Name as Printed on Card: \_\_\_\_\_

Card Type (circle one):    VISA            MasterCard            Discover            Am Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Code /Security Code (3 digit code) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

By signing below, I am authorizing Haven Counseling to charge for missed and scheduled appointments, copays, authorized services, and deductible amounts.

\_\_\_\_\_  
Patient’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient’s Printed Name

\_\_\_\_\_  
Date