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| **Credit Card Authorization** | |
| **This form is necessary even if you do not intend to use credit card payment so we have a backup for any missed session fees, forgotten payments, etc.** | |
| By signing this agreement, I am authorizing Artisan Counseling to bill my credit card for professional services rendered to (client name)       . I agree that I will not dispute valid charges, which may include: | |
| Initial Below: | |
|  | Agreed upon fees for services |
|  | A missed session fee if the client does not show up for a scheduled appointment or cancels with less than 24 hours’ notice |
|  | Co-pays, cost-shares, deductibles, or any fee not covered by your insurance. You may also choose to use another form of payment at the time of service. Unpaid balances will be charged to the card on file. |

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| **CARDHOLDER INFORMATION** | | | | | | | | | |
| **Name:** |  | | | | **Relationship to client:** | | |  | |
| **Billing Street Address:** | |  | | | | | | | |
| **City:** |  | | **State:** |  | | **Postal Code:** | | |  |
| **Email:** |  | | | | **Phone Number:** | |  | | |

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| **CREDIT CARD INFORMATION** | | | | | | | | | | | | | | | |
| **Type of Credit Card** | |  | | **Visa** | | |  | **Master Card** | | | |  | | **American Express** | |
| **Card Number:** |  | | | | | | **Expiration Month & Year:** | | |  | | | **Security Code:** | |  |
| **Is this an HSA or HRA card?** | | | | |  | **Yes** | | |  | | **No** | | | | |
| **Cardholder Signature:** | | |  | | | | | | **Date:** | | |  | | | |

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| --- | --- | --- | --- |
| **Complete if cardholder is NOT the client** | | | |
| I, (client name)       , authorize Artisan Counseling to disclose billing information to the above named cardholder. | | | |
| **Cardholder Signature:** | Handwritten signature not required if signing electronically | **Date:** |  |