TAMPA BAY CENTER
TBC for CBT
COGNITIVE BEHAVIOR THERAPY

CLIENT ACKNOWLEDGEMENT OF CREDIT CARD AUTHORIZATION

Reminder calls are a courtesy and do not negate my responsibility for my sessions. I agree to provide the office a minimum of 24 hours' notice if I need to cancel/ reschedule my session. This office does it's best to stay on schedule. As such, we do not overbook appointments. Scheduling an appointment fills a slot on a TBC for CBT therapists' schedule. Missing therapy appointments or arriving late not only disrupts the flow of the schedule, but also is not fair to other scheduled clients or to those who may need to be seen on an urgent basis. You are responsible for group fees for each module started, regardless of attendance. Payment for services is due at the time services are rendered.

I understand I will be billed $75.00 for any therapy appointment I fail to keep or cancel without 24 hours' notice. I understand that I will be billed any missed group fees.

I give my permission to keep the following credit card information on file for any unpaid balances and that I will receive electronic notification if my card is charged:

PLEASE PRINT

Name of Client: _____

Name of Cardholder (as shown on card): _____

Complete Billing Address (+ Zip) _____

Email address of cardholder:_____Phone #: _____

Debit:____Credit: ___ ___AMEX ___VISA ___MC ___Discover

Card Number:_____Expiration Date: _____

Three/Four Digit CID Number: _____

_____ I understand my card will be billed in the event of the aforementioned, or if the equivalent of two session fees accumulate without payment.

_____ I would like to have my credit card charged for all sessions held.

_____I understand if my account is turned over to a collection agency for non- payment, I will be responsible for the collection agency fee as well.

_____ _____

Cardholder Signature Date

_____ _____

Witness Date

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