

## 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 up to \$90.00 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 sho	own on card):					
Complete Billing Address (	+ Zip)					
Email address of cardholder:			Phone #:			
Debit:Credit:	AMEX	VISA	MC	Disc	over	
Card Number:			Expirati	Expiration Date:		
Three/Four Digit CID Num	ber:					
equivalent of two I would like to ha	card will be billed i o weeks' worth of f ave my credit card c y account is turned le for the collection	èes accumula charged for al over to a coll	tes without pa l sessions held ection agency	ayment. 1.		
Cardholder Signature			Date	Date		
Witness/TBC Staff			Date	Date		
Nancy S Gordon, LCSW President/Founder	219 Cook St. Br mailto:admin@t	PO Box 14 Brandon, Fl. 33509 219 Cook St. Brandon, FL 33511 <u>mailto:admin@tbcforcbt.com</u> www.tbcforcbt.com		Fax:	2: (813) 480-8482 (813) 251-4402 dated 3/17/21	
	www.toeforeot.com			<i>Opuneu 5/1//21</i>		