D. BRENT DAWSON COUNSELING AND MENTAL HEALTH

700 Central Expressway S. Suite 400 ~ Allen, TX 75013 ~ 214-687-8070

Credit Card Authorization Form

No Show and Late Cancellations

All appointments must be cancelled **24 hours in advance.** Same-day cancellations will incur a $35 fee. Failure to attend a scheduled appointment without appropriate cancellation (a "no-show") will incur a full session fee as itemized in the fee schedule that will be automatically charged to your credit card on file unless arrangements are made within 24 hours of the missed appointment.

Balances

Any outstanding balances must be paid prior to scheduling an appointment. All balances 10 days late or more will be charged to the authorized credit card on file. Insurance cannot and will not be billed for these charges.

**This policy is not meant to be punitive, but appointment times you schedule are reserved for you at the exclusion of others who may be waiting to see the therapist.*

I hereby authorize D. Brent Dawson Counseling and Mental Health and agree to have my credit card information on file and charge any fees that are my responsibility as listed on the Client Financial Policy and Agreement form.

_____(initial) I hereby authorize D. Brent Dawson Counseling and Mental Health and his associates to charge any outstanding balance currently due on my account if I have not contacted my therapist within 24 hours of a missed appointment.

_____(initial) I hereby authorize and agree to the below stated fees for services as outlined by the fee schedule below or by my insurance plan. I understand that denial of payment by any third party does not waive my responsibility to pay for services.

_____(initial) I hereby authorize D. Brent Dawson Counseling and Mental Health to charge my card on file for any returned checks with an additional returned check charge of $40 if I do not resolve that issue with 24 hours of contact.

By signing below I certify that my above information is true, accurate and I am an authorized user on the account. I authorize and agree to have the credit card kept on file and charged for late cancellation, no show fees or other above listed fees. I agree to have the credit card below charged for any outstanding balances after 30 days.

D. BRENT DAWSON COUNSELING AND MENTAL HEALTH

700 Central Expressway S. Suite 400 ~ Allen, TX 75013 ~ 214-687-8070

I agree to pay any and all copays or owed balances towards sessions rendered, missed or late cancelled in less than a 24 hour period. In the event that I fail to pay my co-pay, unless an agreement is made within 24 hours, the card on file will be charged. If at any time my card on file is rendered invalid or not in service, I will provide another card to cover any and all balances.

I agree that I will not dispute any valid charges on my card and fees that are assessed by D. Brent Dawson Counseling and Mental Health or his associates as a result of the dispute; I understand that I will be financially responsible for paying the resulting fees charged to D. Brent Dawson Counseling and Mental Health.

By signing below I certify that my above information is true, accurate and I am an authorized user on the account and all names listed above may be charged for fees and services listed on the Client Financial Policy and Fee Schedule. My signature below also represents that I have read, understand and agree to all items of the Client Financial Contract.

Required Credit Card Information

*The portion of this form containing your credit card information will be destroyed permanently by secure means at the completion of services and after ALL outstanding balances have been paid.

Authorized Clients allowed to be charged under this credit card information:

D. BRENT DAWSON COUNSELING AND MENTAL HEALTH

700 Central Expressway S. Suite 400 ~ Allen, TX 75013 ~ 214-687-8070

Debit/Credit Card Type:	Visa Master Card Discover American Express
Card Number:	CVC Code:
Expiration Date:	
Cardholder Name (as it appears on the card)	
Billing Address:	
Billing City, State and Zip:	

Printed Name:	Date:
Signature:	Date: