



## Credit Card Payment Authorization

Please complete and sign this form if you would like to have your co-payments, cancellation/missed appointment fees, and any other balances due to be charged to your credit card. Please note that payment by credit card is required for all telehealth sessions.

### Credit Card Payment helps because:

- It's convenient
- It's secure (all credit card information is stored & processed by a secure financial institution)
- Your payment is on time
- It eliminates interruptions to the therapeutic environment

### Here's How Credit Card Payments Work:

- You authorize Crossroads Counseling & Psychotherapy, LLC to charge your session fees, copayments, coinsurance, cancellation/no-show fees, and balances due to your credit card.
- You will be charged on the day of your visit for the amount that is due. Please remember that Crossroads Counseling & Psychotherapy, LLC does not allow for patients to carry balances.
- It is your responsibility to know when you have incurred a cancellation/no-show fee. Your card will be charged for the fee when the fee is due.
- The charge will appear on your credit card statement. A receipt can be sent to you upon your request.

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### Please complete the following information:

I \_\_\_\_\_ authorize Crossroads Counseling & Psychotherapy, LLC to charge my credit card indicated below for payment of my applicable copayments, cancellation fees, and balances due.

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Please circle: Visa  Amex  MC

Security Code (from back of card): \_\_\_\_\_ Zip code: \_\_\_\_\_

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Signature

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Date

By signing above, I certify that I am an authorized user of this card. I understand that this authorization will remain in effect until I cancel it. I agree to notify Crossroads Counseling & Psychotherapy, LLC of any changes in my account information, or termination of this authorization.