Authorization for Recurring Credit Card Charges

For your convenience, you may authorize recurring charges to your credit card to pay for your therapy sessions. You will be charged the day of your therapy appointment unless other arrangements have been made. The charge will be made under the name **Rocky Mountain Counseling Services**. You agree that no prior notification is necessary and payment will be processed on the day of service.

Name of Client:_____ **Date:** _____

Account Type: ___Visa _____MasterCard ____American Express,(AmEx) ____ Discover

Cardholder Name _____

Account Number _____ _____ on file with Square

Expiration Date _____

CVV (3-digit number on back of Visa, MasterCard, or Discover; 4 digits on front of AmEx) _____

I authorize Rocky Mountain Counseling Services to charge this credit card for professional services and associated charges as agreed below. These charges may include:

Co-pay and/or co-insurance for session: $_____

Payment for session 45 minutes : $160.00

Payment for 75 minute session: $240

Charge for cancellation without 48 hours' notice: $160.00

Prepayment of 4 sessions, $10.00 discount per session, due at the 1st of 4 sessions:$600.00

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify this practice in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

_____ _____ _____

Signature of Authorized Credit Card User: **Printed Name:** **Date:**

FINANCIAL POLICY

Rocky Mountain Counseling Services

Monica Ramunda, MA, LPC, RPT-S

Below are the terms of agreement regarding payment for sessions at Rocky Mountain Counseling Services, Monica Ramunda, MA, LPC RPT-S.

1. Session fees are based on a clinical hour, which is defined as 45 minutes direct with the counselor or professional.

2. If I, the patient, fail to appear for an appointment without a 48-hour notice of cancellation, appointment fees will be charged and I will be responsible for payment.

3. I understand that if I am late to a session, that session will end at the time originally scheduled. It is my responsibility to arrive on time.

4. I understand that there is a 3% processing fee for using a credit card for payment.

5. Services including phone calls, emails, record reviews, and professional consults at times other than the scheduled therapy session are the patient's responsibility. These services will be billed per quarter of an hour.

6. I authorize my health insurance to provide payment of benefits to Rocky Mountain Counseling Services (if I am using insurance) .

7. I understand records of my treatment may be shared with insurance company when necessary to process claims(if I am using insurance).

8. I understand I am responsible for payment if my insurance company declines payment.

I have reviewed this document and understand the contingencies stated above.

_____

Printed name

_____ _____

Signature Date