



### Credit Card Authorization

Telehealth Fees	
Individual Therapy with a Licensed Therapist (Non-Intern)	\$45 for 30 Minute Session (Self-Pay) \$70 for 60 Minute Session (Self-Pay) (Clients using insurance are responsible for the out-of- pocket costs as outlined by the insurance company.)
Marital/Couples Therapy with Licensed Therapist (Non-Intern)	\$60 for 30 Minute Session \$85 for 30 Minute Session (Clients using insurance are responsible for the out-of- pocket costs as outlined by the insurance company.)
Individual Therapy with a Licensed Intern	\$30 per 45 Minute Session (Self-Pay)
Cancellation/No Show Fees	With Licensed Therapist (Non-Intern) \$40 With Licensed Intern \$20
Insufficient Funds Fees	\$35

I understand the following:

- My card will be charged no sooner than 48 hours of the time of my telehealth appointment as outlined above.
- If I planned to use insurance for my appointment and the insurance company does not cover my appointment, I will be charged the appropriate session fee.
- If I do not cancel my appointment within 24 hours prior to my appointment time, I will be charged the Cancellation fee.
- If I do not show of my appointment, I will be charged the No Show fee.
- If payment is declined, I will be charged the insufficient funds fee in addition to the appropriate fees for my session.

Credit Card on File Information:

Cardholder Name (As it appears on card): \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: 20\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Additional Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

I agree to the terms indicated above. I authorize Counseling Solutions to charge my card for the appropriate fees as stated above. I agree to allow Counseling Solutions to keep this card on file for telehealth appointments with Counseling Solutions. I will update my credit card information with Counseling Solutions when this card is no longer valid. I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds with the terms indicated on this form.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_