



Payment, Credit Card Authorization and No-Show Fees

Payment

Co-pays are due at the start of each session.

Please bring a method of payment to each session.

It is your responsibility to provide me with a Health Savings Account (HSA) or credit card that is up-to-date. In addition, if your insurance carrier or ID # has changed, please provide me with that information as soon as you become aware of any changes.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____ CCV: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Please print this form, complete, and bring with you on your first visit.

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No-Show Fee

The No-Show Fee, meaning you neither called to cancel nor attended your appointment, is \$150. I will charge your Health Savings Account (HSA) or credit card \$150 if you do not cancel or reschedule your session at least one business day in advance.

If you have experienced a true emergency, or if you and I are able to reschedule your missed session within one week based on *my* availability, I will not charge you.

Please print this form, complete, and bring with you on your first visit.

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