

FAMILY STRATEGIES COUNSELING CENTER

AUTHORIZATION for DEBIT/CREDIT CARD CHARGES

Revised 7.13.22

FINANCIAL RESPONSIBILITY

Client Name: _____

Name of Person Financially Responsible: _____ Relationship: _____ DOB: _____

Address: _____
City State Zip

Cell Phone: _____ Home Phone: _____

Email Address: _____

I accept full responsibility for all fees due for professional services. I realize that any third party billing is out of courtesy to me and does not transfer any financial responsibility for unpaid services. I understand that I will be billed for all charges until a third party authorization is signed by the third party payor and on file with Family Strategies.

If I have Blue Cross Blue Shield Insurance, I understand that I am responsible for any allowable amount that BCBS does not cover.

If you as the client are an adult and a family member or friend is providing payment on your behalf, do you authorize Family Strategies to speak with them regarding the financial aspect of your account? Yes No

Signature of Responsible Party (Required)

Date

AUTHORIZATION for DEBIT/CREDIT CARD CHARGES

Having a valid credit/debit card on file to use for your sessions is required and will enable us to expedite your check in time and reduce overhead allowing us to keep fees as low as possible.

By my signature below, I authorize FAMILY STRATEGIES COUNSELING CENTER (Floyd Godfrey, PhD) to debit/charge the account number I have specified below:

- At the time of check-in
- The day of my telehealth appointment
- For missed (No Show) appointments
- For late cancellations. (Late cancellations are defined as up to 24 hours prior to my appointment.)

For VIDEO SESSIONS or AFTER HOURS SESSIONS: The card on file will be charged by the end of the same business day as your appointment.

GROUP THERAPY: If you join a group, the credit card on file will be charged for group fees as well unless you notify us otherwise. ONE WEEK'S WRITTEN NOTICE IS REQUIRED TO CANCEL THIS AUTHORIZATION

CREDIT CARD INFORMATION

Please check box: VISA MasterCard Discover Card Amex

Name as it appears on the card: _____

Credit Card #: _____

Expiration Date: _____ CVV#: _____ Billing Zip Code: _____

IS THIS AN HSA/FSA CARD? Yes No

Cardholder Signature

Date