



Authorization to charge credit card for services for minors or significant others.

I _____ am authorizing _____ to use my credit card for my therapy services. You will be expected to pay for each session at the time it is held, unless we agree otherwise or unless you have an insurance coverage which requires another arrangement that we have agreed upon. If the latter is the case, you will be expected to pay any co-pay, deductible payment and/or coinsurance at the time of the session. Payment scheduled for other professional services will be agreed to when they are requested. Credit cards will be stored in the electronic billing system and will be used for the purposes of copays, deductibles and missed appointment fees. I understand Rachel will charge my card for these things and I am authorizing Rachel to charge my card for these fees. *Cancellation/Missed Appointment Policy:* Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 BUSINESS HOURS ADVANCE NOTICE of CANCELLATION. You will be charged my full fee of \$160.00 for appointments cancelled less than 24 hours notice (Late Cancel) or for appointments that you did not show up for (No Show). Insurance will not pay for Late Cancels or No Shows. If you feel that your need to cancel has extenuating circumstances, feel free to discuss the matter with me. You will be expected to pay the charge before or at the time of our next appointment in order to maintain future appointments with me. (this excludes MA clients). I understand if I am more than 15 minutes late I may not be able to be seen.

Parent/Significant Other Signature

Date

Rachel RippeL MA, LP

Date