



Credit Card Authorization / Financial Agreement

Client Name: _____

DOB: _____

I, _____, authorize Lotus Counseling & Wellness Center to keep my signature on file and to charge my credit or debit card for the balance of charges related to all transactions not paid in full at the time services are rendered, to cover any / all insufficient fund/check issues, for co-payments and/or any amounts not paid by my insurance company.

I, _____, authorize Lotus Counseling & Wellness Center to charge my credit/debit card for the following professional services:

- Recurring charges for services provided, not paid in full at the time services were rendered.
- Charges for a telephone or video/internet sessions, not paid for in advance of the session.
- If payment is made by check and a check is returned due to insufficient funds, the owed amount will be charged to the credit card plus a \$35 returned check fee.
- If I no-show or cancel my scheduled appointment without giving 24 hours' notice of the cancellation, the credit card will be charged for the full cost of the missed appointment.
- Any co-payments not paid at the time services are rendered.

To save time during your sessions you can authorize us to charge your payment to the credit card information you have on file.

_____ Initial here to authorize Lotus CWC to automatically charge your credit card after each session. This consent must be revoked in writing to discontinue automatic charges.

Card Type (circle one): Visa Mastercard American Express Discover

Credit / Debit Card (circle one) #: _____ Exp. Date: _____

Verification / Security Code: _____

*Verification /Security Code can be found * MC/Visa/Discover: 3 digit # on back of card by signature line; *Amex: above card number, upper right-hand side.

Name Printed on Card: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Billing Phone Number: _____

Authorized Signature: _____ Date: _____

*I understand and agree that I authorize by my signature above, any/all charges as listed above. I also agree that this form is valid for the duration of my treatment and/or services received at Lotus Counseling & Wellness Center. I agree not to dispute any charges or institute any charge backs for sessions and/or services that I have received or appointments that I have failed to cancel within 24 hours, according to the policy listed above.

Lotus Employee Signature: _____ Date: _____