

Beach Counseling Center

1064 Laskin Road, Suite 14C
Virginia Beach, VA 23451
1009 Frederick Road, Catonsville, MD 21228
757.233.1500

Credit Card Authorization Agreement

Please complete the following information for credit card charges. This form will be securely stored in your file and may be updated upon request at any time.

I, _____, authorize Beach Counseling Center to use my credit card information to charge my credit card for:

- Copayments
- Deductible amount determined by your insurance company
- Therapy session that you have authorized and not covered by insurance
- Cancellation/missed appointments less than 24 hours in advance (business day).
- Or if a check is returned for any reason.

I authorize credit card charges for the following members: _____

I will not dispute charges ("charge back") for sessions I have received, authorized or appointments I have missed according to the above policy or Beach Counseling Office Policy. I will not dispute charges if I submit another charge card in my name. I agree to update card information if the card is replaced for any reason.

Card Type (circle one): VISA MasterCard Discover

Card #: _____ Expiration Date: _____

Card #: _____ Expiration Date: _____

Name as Printed on Card: _____ Security Code _____

Billing Address: _____

City: _____ State: _____ ZIP _____

By signing below, I am authorizing Beach Counseling Center to charge for missed and scheduled appointments, copays, authorized services, and deductible amounts.

Signature: _____ Date: _____