

Credit Card Authorization and Session Cancellation Policy

I, _____ (print name as shown on credit card), hereby authorize **Jennifer Lagrotte, PA** to charge the credit card below in the amount of \$ _____ as stated in the consent form's session cancellation policy.

Session Cancellation Policy

The time scheduled for your appointment is assigned to you and you alone. If you need to cancel or reschedule a session, I require that you provide 24 hours' notice. If you miss a session without canceling, or cancel with less than a 24 hour notice, my policy is to collect the amount above for your payment unless otherwise agreed that you were unable to attend due to circumstances beyond your control. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still end on time.

Missed Session Policy

If you have more than 2 cancellations during the course of therapy, we may discuss the need for continuing therapy. Should you express and wish and/or desire to continue therapy, prepayment will be required. If you cancel or miss a session with less than 24 hours notice and the session is pre-paid, it will follow the cancellation guidelines and the payment will be applied to the missed session.

Credit Card Dispute Policy

In the case of a disputed charge, I reserve the right to provide the needed and adequate documentation, i.e. your signature on this agreement, that outlines your acceptance of this session cancellation policy and documentation or proof of the time and date you informed me of your cancellation to your bank or Credit Card Company.

Credit Card Payment Information

Please circle one: MasterCard Visa American Express

Card Number: _____ Expiration Date: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

By signing below, I authorize **Jennifer Lagrotte, PA** to bill my card for services as stated above and I agree to waive any charge-back rights, and in the event of a billing error, requests for a refund/correction must be submitted in writing to **Jennifer Lagrotte, PA**, along with all documentation in accordance with standard policy of company issuing credit card.

Signature: _____ Date: _____