
GENEE FRANCIS, LPC-S, NCC

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CREDIT CARD AUTHORIZATION

All appointments must be cancelled 24 hours in advance. Same-day cancellations (a "late cancel") will incur a \$50 fee and failure to attend a scheduled appointment without cancellation (a "no-show") will incur a \$75 fee that will be automatically charged to your credit card listed below. * This policy is not meant to be punitive, but appointment times you schedule are reserved for you at the exclusion of others who may be waiting to see the therapist.

Checks that are written to Genee Francis that are not honored by your bank for any reason will result in a \$25 returned check fee. The credit card below will be charged in the amount of the bounced check and the \$25 returned check fee.

Outstanding balances on your account due to co-insurance, deductible, or for any non-covered services (e.g., marital/family counseling, telephone consultations, etc.) for more than 30 days will also be charged to the card listed below. (Payment arrangements are available on outstanding balances by contacting Genee Francis)

*****All information must be provided*****

Client Name: _____

Credit Card Type (check one): Visa Master Card American Express Discover

Card Number: _____

Expiration Date (mm/yy): _____ CVC Code: _____

Cardholder Name (as it appears on the card): _____

Billing Address for the Credit Card: _____

City, State, Zip: _____

Email Address: _____ Phone Number: _____

By signing below I certify that my above information is true, accurate and an authorized user on the account.

I hereby authorize Genee Francis, LPC to keep my signature on file and to charge my credit card account for psychotherapy services and cancellation fees, when applicable. These services can include my participation in individual, couples, family or group psychotherapy, report preparation, telephonic consultation or consultation services. I also agree to have my above credit card information kept on file and charged for outstanding balances on my account that have not been paid or without payment arrangements made after 30 days.

I understand that if I decide to terminate any of the services and my account is paid in full, I may withdraw the authorization to charge my credit in the future provided I communicate revocation of authorization in writing to Genee Francis, LPC by mail or fax.

Cardholder Signature: _____ Date: _____