The Gateway Center for Counseling & Recovery, LLC

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## AUTHORIZATION T0 CHARGE CREDIT CARD FOR MISSED/LATE APPOINTMENT OR NON-PAYMENT

Except in emergency situations, if you are unable to keep an appointment, you must notify your counselor at least 24 hours in advance of your appointment. If such advance notice is not received, you will be financially responsible for the session missed. In cases where sessions have not been paid for, after two weeks, a credit card charge for the session fee will be processed and a receipt will provided at that time. Please note that insurance companies do not reimburse for missed sessions.

## CREDIT/DEBIT

VISA # _____ _____ _____ _____ CV CODE _____ EXPIRES_____

MasterCard # _____ _____ _____ _____ CV CODE _____ EXPIRES_____

AMERICAN EXPRESS # _____ _____ _____ _____ CV CODE _____ EXPIRES_____

Name on Card _____

## ACCEPTANCE OF POLICY:

I have read and I understand the contents of this form and I am authorizing Gateway Center for Counseling and Recovery to charge my credit card should I miss or cancel an appointment with less than 24 hours notice in non-emergency situations, or I have not paid for a session from the previous two weeks.

Please sign and date your name below indicating that you have read and understand the contents of this form.

_____ _____

*Client name (please print)* *Date*

_____ _____

*Client signature* *Date*

If Applicable:

_____ _____

*Parent's or Legal Guardian's name (please print)* *Date*

_____ _____

*Parent's or Legal Guardian's signature* *Date*

The signature of the counselor below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

_____ _____

*Counselor's signature* *Date*