Agape Christian Counseling Center

AUTHORIZATION OF CREDIT/DEBIT CARD PAYMENT FOR SERVICES

I, _____ authorize ***Agape Christian Counseling Center (ACCC)***
(Name of Financially Responsible Party)

to charge my credit/debit card for services rendered to myself and/or the clients listed below. In providing us with your credit/debit card, you are giving ***Agape Christian Counseling Center*** permission to automatically charge your card on file for the following fees and balance(s) for you and/or other clients listed on this form at the time of service.

Co-pay/Co-insurance/Deductible: The amount defined by the client's insurance company for behavioral health services that are due at the time services are rendered.

Self-Pay Fees: The clinician's fee for service when insurance and/or employee assistance programs do not apply.

No Show and Late Cancellation Fees: A fee of $75 will be charged for appointment no-shows or non-emergency cancellations without 24-hour notice.

Outstanding Balance: If the client's insurance provider has paid their portion of the bill and there is still an outstanding balance owed, ***Agape Christian Counseling Center*** will send a balance statement to the client/guarantor/responsible party's address on file by regular mail and/or provide the client with a statement in session. If we do not receive a response or payment in full within 30 days of the statement date, any balance owed will be charged to this credit/debit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question the insurance company's determination of payment.

I authorize ACCC to charge the above fees and outstanding balance(s) to my credit/debit card:

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name as it appears on card (please print): _____

Credit Card #: _____ Exp. Date (MM / YY):_____

Security Code (CVV): _____ Zip Code of the card holder: _____

Card Holder Signature: _____ Date:_____

If you wish to leave this credit/debit card on file for other clients, please print their name(s) below:
Client Name: _____ Date of Birth: _____
Client Name: _____ Date of Birth: _____
Client Name: _____ Date of Birth: _____