

# **Navigator Counseling and Psychotherapy LLC**

## **Client Credit/Debit Card Registration Form**

### **Navigator Payment Policy**

We are a small practice with limited staff. Unfortunately, we are unable to dedicate resources to billing, client account management, and debt collection. Therefore, payment is expected in full at the time services are provided (unless other arrangements have been made in advance). However, we understand that there may be instances when a client is not able to pay at the time of service. Therefore, we have developed a simple means of helping clients receive services without incurring mounting debt, experiencing appointment cancellations, or requiring debt collection protocols. Our policy is as follows:

In the event that you cannot make your payment at the time of your session, or you have missed an appointment without giving the 24 hours notice of cancellation, you will be seen at your scheduled appointment time if you have completed this form with a valid credit card or debit card and have provided permission (via your signature) for Navigator Counseling and Psychotherapy LLC to charge your card to settle your account balance. Signature and provision of a standing method of payment is a requirement to seek services at this practice. If you have a hardship related to this policy, please call us to supply an alternate method for clearing account balances and seek a waiver to this policy. This permission can be revoked at any time upon your written request as long as you have a "zero" balance owed or provide an alternate method of payment. Thank you very much for your understanding and cooperation.

### **Card Information and Permission**

(please print clearly)

Client Name: \_\_\_\_\_

Cardholder's Name as Listed on Card: \_\_\_\_\_

Credit/Debit Card #: \_\_\_\_\_ Expiration: Month \_\_\_\_\_ Year \_\_\_\_\_

CVV Code: \_\_\_\_\_ Zip Code of Billing Address: \_\_\_\_\_ Type of Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Phone Number: \_\_\_\_\_

### **Payment Authorization**

**By my signature below**, I certify that I have read and understand the payment policy of Navigator Counseling and Psychotherapy LLC and **authorize this office to charge outstanding fees as they occur** (in accordance with the payment policies described herein) to the credit or debit card provided by me in this document. **I certify** that the information I have provided herein is accurate and complete. Further, **I agree** to provide a second credit or debit card or other form of payment and give my permission to Navigator Counseling and Psychotherapy LLC to charge my outstanding fees/balance to that second or subsequent card in the event that the listed card expires or otherwise becomes invalid. **I agree** to provide the new card or payment option information within 5 days of the deactivation or expiration of the form of payment listed on this form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_