Credit Card Information for use with late cancellations and no-shows

This letter certifies that I, _____, authorize Erin Wick, MA, LPC, CACIII of Perspectives Counseling to store my credit card information. In addition, I authorize her to charge my credit card $125/session in the event I do not give 24 hours advance notice when canceling my appointment or I do not show up for the scheduled appointment.

Please note: Insurance will not pay for missed sessions. Therefore, payment is equal to the cost of a session ($125) and will be your responsibility. By initialing, I am agreeing to this policy regarding missed appointments. _____

_____ _____

Printed name of owner of credit card Date

_____

Signature of owner of credit card