

Credit Card Authorization

Please review and complete the following authorization. *Note your signature indicates your agreement to the terms of this policy making it binding and enforceable.

I, _____, authorize Lifeline Family Enrichment and Barbara Fountain to charge my credit card I have provided, in the event that I fail to show/attend a scheduled appointment, and fail to give the appropriate notification of my inability to attend a scheduled appointment in advance. I have been informed that follow-up appointments need to be cancelled within 24 hours prior to the appointment. I am responsible for tracking my appointments as phone calls, texts and/or emails will not be provided by my counselor.

I acknowledge that I fully understand that any and all charges for missed appointments/failure to cancel, will be billed at the the full rate of \$155.00, not the insurance rate. **I agree that I will not dispute charges billed to my card for visits that I failed to cancel in advance.** I further authorize Lifeline Family Enrichment/Barbara Fountain to disclose information about my lack of attendance/failure to cancel to my credit card company should I dispute the charge.

Please provide credit card information below.

Credit Card Information:

Card type: Visa Master Card Discover (Check one)

Card Number: _____ Exp. Date: _____ 3 Digit Code: ____

Name on Card: _____

Billing Address: _____

City: _____ State: ____ Zip Code: _____

Patient Responsible Party (Check one)

Print Name: _____ Signature: _____