

Authorization for CREDIT/DEBIT CARD Payment for Services

This authorizes **Ina Lasmane, LMFT** with **Ina Lasmane LLC/Eagle Counseling** to charge the credit/debit card identified below for payment for all services which she renders to me and/or my family member(s) including, but not limited to: office sessions, co-pays, co-insurance, deductible, no-shows, late canceled appointments and other late fees.

My therapy rates are: \$185– Intake/90791, \$140–Individual/90834/90937, \$160 – Couples & Family/90847, and \$160 – Family without Client Present/90846. The insurance rates may vary based on your policy and insurance-provider agreement.

If you cancel with less than 24hrs notice you will be charged a discounted fee of **\$70.00** for the first incident and a fee of **\$140.00** for any/all additional incidents. If you no-show for your appointment, you will be charged **\$140.00** per each incident. I understand that all such charges shall reflect these agreed upon rates and that no additional charges will be made for processing these card transactions.

I also understand I am responsible for any charges that are refused by my credit/debit account or HSA account, and will pay those unpaid charges and any other fees associated with the credit refusal to Ina Lasmane within 30 days by cash or money order. I understand that I will be charged a **\$25.00 fee** for each instance of insufficient funds or returned check. Also, I will be charged **2% per months** in addition to any balance owed that is over 30 days past due. **All accounts 60 days past due will be sent to collections.**

Card Type: Visa ___ MasterCard___ American Express___ Discover ___ HAS/FSA___ Other___

Credit/Debit Card #: _____

Expiration date: _____

Security code: _____ (3 last digits on the back of your card; or 4 digits on the front for American Express)

Billing Information associated with this card:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email Address: _____ (for the receipt)

Date: _____ Signed: _____