

Sara Guy Counseling LLC



QUALITY CARE YOU CAN COUNT ON

Credit Card On File Clause:

Upon scheduling your first appointment you are asked to provide credit card information which will be kept on file in case of fees which may be incurred for late cancellations, missed appointments, or past due account balances. If your card on file is charged, you will be notified of the reason for the fee and the amount charged. A receipt will be e-mailed to you at the address you specify below.

I have read the Agreement and Policy above, and I have been offered a copy for my records. I understand the policy and by my signature below I agree to be bound by its terms in association with outpatient services provided to me by Sara Guy Counseling LLC. Any and all negotiated exceptions or special arrangements are listed below.

Type of card (circle one): Visa MasterCard American Express Discover Card

Card Number: _____ Expiration: _____

Security code: _____ Billing Zip Code: _____

Name on card: _____

I _____ (name) authorize Sara Guy Counseling LLC to charge this credit card as needed according to the terms specified in this Agreement and Policy. An invoice for all transactions may be emailed or sent via USPS.

Signature: _____ Date: _____