



Mental Health Services, PLLC

812 W. 8<sup>th</sup> Street, Suite 6A ♦ Plainview, Texas 79072 ♦ [www.crossroadsmentalhealthservices.com](http://www.crossroadsmentalhealthservices.com)

### Credit Card Authorization Form

Please note that this form will be securely stored in a HIPAA compliant, secure location in your clinical file and that you are willing to assume the risk for keeping this information on file.. This form will be shredded at the termination of therapy services.

I authorize Crossroads Mental Health Services, PLLC to keep my signature and credit/debit/flex spending account card information as filled out below on file and charge my card for therapy session fees (individual, groups, workshops, couples family, telephone sessions, or other), late cancellation fees, and missed appointment fees for therapy services provided to:

\_\_\_\_\_ (Client full name: Please Print). Initial \_\_\_\_\_

I agree that if I have any concerns or questions regarding charges to my account, or if the charge falls to post to my account, I will contact Crossroads Mental Health Services, PLLC for any assistance and/or disclosure. I agree that I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Crossroads Mental Health Services, PLLC and those attempts have failed. Initial \_\_\_\_\_

Further, if I am assuming session payment responsibility for the client above whose name is listed in the printed area, and that client is someone other than me, I understand that I am not entitled to information pertaining to confidential therapy sessions as provided by Crossroads Mental Health Services, PLLC.. Initial \_\_\_\_\_

I understand that my therapy session will be charged via this form and not by swiping my card to collect fees for services rendered, late cancellations, or missed appointment fees. Initial \_\_\_\_\_

I understand and agree to these terms. I understand the conditions of this payment policy and agree to the conditions state above.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

CARD TYPE (circle one):	VISA	MASTERCARD	DISCOVER	AMERICAN EXPRESS	HAS
CARDHOLDER FIRST NAME (as it appears on the card)		MIDDLE NAME		LAST NAME	
CARD NUMBER		EXPIRATION DATE	SECURITY CODE (3 digit code on back or 4 digit code on front of AmEX)		
BILLING STREET ADDRESS		CITY	STATE	ZIP	
HOME PHONE		CELL PHONE	EMAIL		
CARDHOLDER SIGNATURE			DATE		