



CREDIT CARD AUTHORIZATION FORM

I hereby authorize Loretta Maase, LPC/ParentRise to maintain a record of my credit card and my signature on file for payment of the following services: psychotherapy, Parenting Facilitation/Parent Coordination, Guardian ad Litem, parent coaching, Parental Alienation Assessments, Custody Evaluations, reading/responding to emails and OFW messages, including deductibles, co-pays, non-cancelled or late-cancelled appointment fees, any charges owed that are not covered by my insurance company, returned check fees (which will include the check amount plus a \$45 NSF fee), balances of charges not paid within 7 days of service, and the litigation policies that are set forth in the Informed Consent and Therapy Agreement. These charges include, but are not limited to, payment of retainer for court/deposition/legal proceeding preparation and appearance, consultation and telephone appointments, report and letter writing, and completion of disability paperwork. By my signature below, I agree not to dispute these charges.

My signature below authorizes Ms. Maase/ParentRise to charge my credit card for all applicable charges on an on-going basis. I understand that if I decide to terminate services with Ms. Maase/ParentRise and my account is paid in full upon termination, I may withdraw the authorization to charge my credit card in the future.

NOTE: Often, insurance companies pay us several weeks or months after the date you attend a session. In that event, we may not be aware that there is a charge due for some period of time. We will bill any non-paid charges as your insurance company submits an Explanation of Benefits regarding their payment to us.

In the event your credit card expires, or is lost or stolen, or if you desire to use another credit card, please notify us and we will have you complete a new Credit Card Authorization Form, and will delete your old information. We accept cash, checks, MasterCard, Visa, Discover American Express, and Health Savings Accounts cards used as credit cards.

PLEASE PRINT LEGIBLY:

Client Name: _____

Cardholder's Name (as it appears on the credit card): _____

Credit Card Billing Address (the address where the credit card statement is received)

Street _____ Apt/Suite _____

City and State _____ Zip Code _____

Credit Card Type Visa _____ MasterCard _____ Discover _____ AMEX _____

Credit Card Number: _____ Expiration Date _____ CVV _____

SIGNATURE: _____