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Credit Card Authorization Agreement

I, _____, authorize Heart and Mind Counseling to use my credit card information to charge my credit card for the following things:

1. The full cost of my therapy sessions if I am not using insurance or if my insurance company denies payment for sessions.
2. Any copays, deductibles, and/or co-insurance I owe.
3. A \$100 fee for any therapy sessions I miss that I don't cancel at least 24 hours in advance.
4. Any charges incurred and balances owed if a check I write is returned for any reason.
5. The cost of any books or workbooks that I have been given if I quit therapy before I have been seen for at least five sessions.

Card Type (circle one): VISA MasterCard

Card #: _____ Expiration Date: _____

Name as Printed on Card: _____

Verification/Security Code (3 digit code on back of card by signature line): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

By signing below I authorize Heart and Mind Counseling to charge my credit card for session fees, appointments I have missed, returned check charges, books, or workbooks according to the above policy. I will not dispute credit card charges ("charge back") made according to the above policy.

Signature: _____ Date: _____