

Experience the courage to heal and grow.

Financial Information Addendum

Debit/Credit Card:

We require that a debit or credit card is kept on file with our secure, third party vendor. **Regular session fees will be charged to this card within seven days from the time of service.** Our office will provide notice of any other billable fees that have accrued and bill those fees to this card on file. Such fees may be due to late cancellation or no-show to schedule appointments, crisis management calls, or any necessary court preparations or appearances. By signing below, as a client of A Courageous Mind Counseling/Andi Kumer, MA, LPC, you are providing your authorization in perpetuity for such aforementioned fees to be billed automatically to A Courageous Mind Counseling/Andi Kumer, MA, LPC.

Card Type: Visa Mastercard American Express Discover

Name on card: _____ Exp Date: _____ Security Code: _____

Card Number: _____ Billing Zip Code: _____

Please initial below:

_____ Yes, I authorize automatic billing for services within seven days from the time of service.

_____ Yes, I would like to pay regular session fees with the above debit/credit card.

_____ Yes, I understand that I will be billed half of my regular session fee, which is _____, for no-show to a scheduled session with the above debit/credit card.

_____ Yes, I understand that I will be billed half of my regular session fee, which is _____, for cancellations with less than 24 hours notice with the above debit/credit card.

_____ Yes, I understand that I will be billed half of my regular session fee, which is _____, for phone calls over 10 minutes with the above debit/credit card.

_____ Yes, I understand that I will be billed for court preparation and proceedings, if and when necessary, with the above debit card, I understand I will pay \$80 per hour for preparation time and \$100/hour for court appearances.

My signature indicates that I understand and agree to the above financial policies. Client
Signature: _____ Date: _____