Healing Path Psychology, LLC
35 E Elizabeth Ave, Bethlehem, PA 18018
Phone: 610-320-2366

Credit Card Authorization Agreement

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request at any time.

In the event that you cancel an appointment with less than 24 hours notice, you will be charged a $50 fee. In the event that you do not attend an appointment and do not call to cancel, you will be charged a full session fee of $140.

I hereby authorize Healing Path Psychology, LLC, to use my credit card information to charge my credit card for balances that are owed and in the event that I do not notify him of my inability to attend schedule therapy appointments and/or do not cancel my appointment at least 24 hours in advance, or if a check is returned for any reason. I will not dispute charges for sessions I have received or appointments I have missed according to the above policy.

Additionally, I authorize Healing Path Psychology, LLC to use my credit card information to charge my credit card to pay off my account balances.

Card Type (circle one): VISA MasterCard Discover American Exp Other:_____

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 am authorizing Healing Path Psychology, LLC, to charge for missed scheduled appointments or to bill for services that have been provided.

Name (Print): _____

Signature: _____ Date: _____