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Authorization to Charge Credit Card for Missed Session or Late Cancellation

In the event that you are unable to keep an appointment, you must notify your counselor at least two business days in advance of your appointment. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions and your credit or debit card will be assessed a session fee of \$75.

CREDIT / DEBIT

VISA# _____ **CV CODE** _____ **EXPIRATION DATE** _____

MASTERCARD# _____ **CV CODE** _____ **EXPIRATION DATE** _____

NAME ON CARD _____

BILLING ADDRESS _____

ACCEPTANCE OF POLICY:

I have read and do understand the contents of this form and am authorizing FFCC to charge my credit card should I miss an appointment or cancel with less than two business days' notice.

Please sign and date your name below indicating that you have read and understand the contents of this form.

Client name (please print)

Date

Client signature

Date

If Applicable:

Parent's or Legal Guardian's name (please print)

Date

Parent's or Legal Guardian's signature

Date

The signature of the counselor below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

Clinician's signature

Date