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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 \$65.

**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