

Pre-Authorization Charge Form

This document provides an explanation of the financial responsibilities for therapeutic services provided.

Payment for services is important and must be handled prior to any service being rendered. This form is your agreement permitting Progressing on Purpose Counseling, PLLC to charge the card that is stored in IVY Pay (the HIPPA Guarded App) the agreed amount and/or copay for:

1. For each session rendered; or
2. For the fee associated with cancelling an appointment without 24-hour notice; or
3. No show appointments.

Please list the last four digits of the card that will be used:

It is the client's responsibility to maintain an updated form of payment on file. Please be sure to keep constant and open communication concerning your financial obligation for services. This agreement will be kept on file and considered valid for 1 year after signature is obtained to document authorization. To revoke this agreement, you must provide a form of written communication. Cards stored in IVY Pay will only show the last 4 digits of the card for added protection and confidentiality.

By signing below, you are agreeing to the terms that have been set forth. You acknowledge that you have read and understand the agreement. The opportunity to gain clarity on any area of the agreement that was unclear has been provided. You are also fully aware that you have a right to terminate services at any time with written notice.

Client(s) Name (Please Print) Parent/Guardian (if applicable)

Client(s) Signature Parent/Guardian (if client is a minor) Date

By checking this box, you acknowledge and accept the signature above as your own.

My signature below affirms the explanation and agreement of the financial responsibilities set.

Therapist Signature Date

Please retain a copy for your personal records.