



# LIFE ENRICHMENT COUNSELING CENTER, INC

## Client Credit Card Authorization Form

### Client Credit Card Pre-Authorization

In an effort to better serve our clients and simplify your billing experience, our practice offers credit card acceptance. Charge card information is kept secure in our electronic client management system.

**POLICY**

Life Enrichment Counseling Center, Inc., will charge copays, deductibles and out of pocket fees on my account after each session.

Life Enrichment Counseling Center, Inc., will charge outstanding balances on my account, including our \$75.00 cancellation fees if appointments are not cancelled within 24 hours.

Outstanding balances are due within 30 days of the invoice date. After the 30<sup>th</sup> day, balances are considered past due and will be charged a 10 percent late fee and account balances will automatically be charged to the card on file.

**PAYMENT INFORMATION**

Client Name: \_\_\_\_\_

Client Billing Address: \_\_\_\_\_

Type of Card:        

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
(last three digits on card, last four on AMEX)

The undersigned guarantees performance of the financial provisions of this agreement.

Card Holder Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

**CHARGE POLICY**

\_\_\_\_ (initial) Being the authorized cardholder, by signing above I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

\_\_\_\_ (initial) Charges made for actual services performed by our office are non-refundable. In the event of overpayment, funds will be refunded within 30 days of insurance EOB notification.

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