

Annette Hodgson, LCSW
Licensed Adult, Child, Adolescent, Family and Wellness Counselor
East Cobb Family and Wellness Counseling
404-597-3327, 770-993-8004 (fax)

CREDIT CARD AUTHORIZATION

All clients must have a credit card on file to receive services at this office.

In the event that you do not show up for an appointment or cancel within 24 hours of the scheduled time, you will be charged the missed session fee of \$125. If you prefer to pay the fee through cash or check, arrangements must be made within 24 hours of the missed appointment.

By signing below, you are agreeing to make payment for services rendered. This form will be securely stored in your clinical file and may be updated upon request at any time.

_____ authorize Annette Hodgson, LCSW to bill my credit card for professional services, including:

Appointments and/or co payments that I choose to pay for by credit card
Appointments that I missed or cancelled within a 24 hour period

Credit card Type:

Visa MasterCard American Express

Card # _____

Expiration Date _____

Name as Printed on Card _____

Verification/Security Code (Three digit code on back of card by signature line) _____

Billing Address: _____

City _____ State _____ Zip _____

Phone _____

By signing below, I am authorizing Annette Hodgson, LCSW to bill my credit card for professional services and am aware of the attendance policy.

Signature _____ Date: _____