

Center for Psychological Assessment & Consultation, P.C.

510 Princess Anne Street, #102
Fredericksburg, VA 22401
(540) 698-0003
www.fredericksburgassessment.com

Credit Card Authorization Form

This notice authorizes us at Center for Psychological Assessment & Consultation to charge your credit card to pay for psychological assessment fees, intake, feedback, or consultation sessions, review of past records, and/or other requested services. Credit card authorization will also be used to cover any unpaid balances including, but not limited to, unpaid session fees, unpaid testing/assessment fees, any requested court-related or legal costs related to assessment reports, and missed appointment and late cancellation fees.

Please note that all services are self-pay and must be paid in full at the time of service. We cannot guarantee reimbursement from your insurance company. Appointments are reserved for you and only you, and 48-hour notification is required to cancel an appointment. The fee for a missed appointment or an appointment cancelled within 48 hours is \$75. Late fees will not be reimbursed by your insurance.

The following fees will be charged to the card on file:

- Missed appointment/late cancellation fee of \$75
- Returned check fee of \$35
- Unpaid session fees (including but not limited to assessment/testing fees, intake and feedback session fees, consultation fees, and fees for other requested services)

Name on Card: _____

Credit Card Type (we can not accept American Express): _____

Account Number: _____

Security Code: _____

Expiration Date: _____

Zip Code: _____

Name of individual(s) receiving services at who's account can be billed with this card: _____

I authorize Center for Psychological Assessment and Consultation, PC to use this credit card for the purposes stated above:

Signature of Cardholder: _____

(Revised 7/2017)