

**Redman Counseling, LLC**  
**Credit Card Authorization Form**

Counselor: \_\_\_\_\_

Client(s) Name(s): \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Verification Code: \_\_\_\_\_

Billing Address (Including Zip Code): \_\_\_\_\_

---

I agree that the credit card listed above may be charged for therapy sessions for the client(s) named. I also agree that the credit card listed above may be charged for therapy sessions canceled with less than a 24 hour notice and may be charged for co-pays and deductibles owed to Redman Counseling, LLC per insurance Explanation of Benefits. Please note that insurance companies do not reimburse for missed sessions and your credit card will be assessed a session fee of \$85.00. This form and my credit card information will be held in my confidential client file until all billing has been completed.

Professional Fees are based on \$145,00 for a standard 50 minute session. If needed, additional consultations, reports, and letters will be discussed with you during your session and price will be given at that time. Any services related to litigation, defense, testimony, communication with attorneys, or court appearances will be assessed at the rate of \$1,000 for half a day/ \$2,000 for a full day/ or \$300 per hour. Payment in full is expected in advance of services rendered.

**I have read and do understand the contents of this form and I am authorizing Redman Counseling, LLC to charge my credit card for the above mentioned reasons.**

Please sign and date your name below indicating that you have read and understand the contents on this form.

\_\_\_\_\_  
Client/Legal Guardian name (Print)

\_\_\_\_\_  
Client/Legal Guardian Signature

\_\_\_\_\_  
Date