

# HYGEIA COUNSELING SERVICES<sup>SM</sup>

a d u l t p s y c h o t h e r a p y



## PERMISSION TO CHARGE CREDIT CARD (Medicaid Version)

This letter is to authorize James Michael Reeder (DBA Hygeia Counseling Services) to charge my credit card for counseling services and other related fees.

My name as it appears on credit card: \_\_\_\_\_

My credit card number is: \_\_\_\_\_

Credit card expiration date: \_\_\_\_\_

Authorization code from back of card: \_\_\_\_\_

Billing address of credit card: \_\_\_\_\_

A photocopy of my driver's license or official state ID is attached.

I understand that:

- Counseling session co-pays and other legitimate fees may be charged on an ongoing basis until I revoke permission in writing.
- Legitimate fees may include, but are not limited to, co-pays, bounced check and other banking fees, materials costs, and court fees.
- I will let James Michael Reeder know if my card can not be billed for whatever reason.
- I understand I will be held responsible for charges not successfully billed to my account.
- Funds for anticipated sessions may be authorized (reserved) up to 3 days ahead of scheduled counseling sessions.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Date: 01-02-11

MT. WASHINGTON VILLAGE / BALTIMORE OFFICE LOCATION  
Voicemail: 877-823-3439 : Fax: 443-524-9610 : <http://www.hygeiacounseling.com> :  
[michael@hygeiacounseling.com](mailto:michael@hygeiacounseling.com)  
Mailing Address: 6400 Baltimore National Pike #205, Catonsville, MD 21228