

# 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 (Regular 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: \_\_\_\_\_

Type of card: VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER CARD

This is a:    DEBIT CARD    CREDIT CARD    HSA CARD  
(Health Spending Account)

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

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

Authorization code from back of card: \_\_\_\_\_ (Front upper right 4-digit code for Amex)

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

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

I understand that:

- Counseling sessions and other legitimate fees may be charged on an ongoing basis until I revoke permission in writing.
- The full agreed upon rate of my counseling sessions may be charged for sessions that are missed (no-shows) and for sessions canceled with less than 24-hours notice.
- Legitimate fees may include, but are not limited to, counseling sessions, missed sessions, late cancellations, 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: 04-05-20

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