



Authorization for Debit/Credit Card Charges

I _____ understand that Parent Arizona and Counseling Services LLC. requires to have my credit card or debit card information on file in order to receive therapy services from any therapist working for Parent Arizona and Counseling services, LLC. Below is list of services provided by Parent Arizona and Counseling Services, LLC. that may be charged to my care if the services are provided. If a different method of payment is preferred, payment will be taken care of at the time of services. If payment is not made at the time of service, the amount of the service will be charged to the credit or debit card.

1. Individual/Family Therapy (Cost is dependent upon location)
2. Unscheduled phone session (\$25.00 per 15 minutes)
3. Staffings/meetings such as IEP's, communication with court personnel, etc (billed at the same rate as an individual session or \$25.00 per 15 minutes on the phone)
4. Missed appointments without 24 hour prior notification (\$50.00)
5. Documents written for court or others (\$25.00 per page)
6. Attendance at court (\$1200.00 per day)

Name as it appears on the card: _____ Phone #: _____

Email Address: _____

Debit/Credit Card #: _____ Expiration Date: ____/____

CVV (CSC) # _____ (For MasterCard or Visa, it's the last three digits in the signature area on the back of your card. For American Express, it's the four digits on the front of the card.)

Billing Address: _____
Street Address Apt #

City State Zip Code

Signature

Date