

Empower Therapy for Women, LLC

Office 9, 716 Xenia Ave
Yellow Springs, OH 45387

Credit Card Authorization

Empower Therapy for Women requires a credit card on file. This information will be stored using our secure Practice Management Software, SimplePractice. You may use this card to pay for services, if you like.

We will NOT charge this card without your permission, except in the following situations:

- ❖ Late Cancellation (cancellation with 24 hours of scheduled appointment) - \$75
- ❖ No-show (missed appointment without any prior notice given) - \$150
- ❖ Your bill is more than 90 days past due, without alternative arrangements in place

I, _____, authorize Empower Therapy for Women to use my credit/debit card information to charge my credit/debit card. I understand that this card will be charged immediately for either late cancellations, no shows and past due balanced, as outlined in the Informed Consent document.

By signing, I authorize Empower Therapy for Women, LLC to charge the above card in the designated manner. My signature also indicates that I will inform my provider of any changes to this billing information over the course of our work together.

Signed: _____

Date: _____

Print Name: _____