



CREDIT CARD AUTHORIZATION FORM

Scheduling and Fees

____ **Failure to cancel a session without 24 hours notice will result in a missed session fee of \$50 per missed appointment.** I keep the fee lower than the full session rate and apply it to all late cancellations to remove myself from determining acceptable reasons for a miss. Please note that this fee is not covered by insurance and is subject to change.

____ **If you “no show” an appointment or cancel with less than three hour’s notice, the full \$175 charge will apply and will be billed to your card on file.** I reserve your time for you and cannot use the time to make phone calls or start other work when I am sitting and waiting for you to arrive. I also usually run a wait list and could fill that spot with someone else who would like to come in. Therefore, I must charge my full fee.

I, _____, hereby authorize Sarah Reidy, with Whole Self Therapy Dallas, to charge my credit card on my behalf for all services provided from this day on, in accordance with the fees listed above. I understand that method for these charges will be run through Ivy Pay and that I will get text notifications with every charge. I also understand that Sarah does not have access to my credit card through Ivy and that I can ask Sarah at any time for a super bill for my insurance.

In the event of credit card dispute, this serves as consent for Sarah Reidy to release this consent/ authorization form to the credit card company or bank that you are working with.

Signature

Date

Printed Name

Date