



PHONE/VIDEO SESSIONS: When participating in video or phone sessions, I authorize my Healing with Trust Therapy, LLC to charge my credit/debit card at the time of the session or afterwards. Associated fees includes copays, deductibles, late cancel fees, no show fees, and return check fees.

MISSED SESSIONS: I understand that when I schedule an appointment, whether in- person or by video or phone, that time is held for me. I also understand that insurance or EAP plans typically will not pay for missed sessions. Therefore, I understand if I cancel or reschedule a session without 24 hours' notice or if I do not show for the appointment, I authorize Healing with Trust Therapy, LLC to charge my credit or debit card for the missed session. The current fee is \$80 per missed session.

HEALTH SAVINGS ACCOUNTS (HSA) CARDS: If I have an HSA credit card, I authorize Healing with Trust Therapy, LLC to charge the card for services at the time of the service or afterwards. I understand that missed sessions cannot be billed to HSA credit cards, nor can I bill sessions in advance on HSA cards.

OTHER CHARGES: I understand other charges that may be billed to my credit/debit card are bank fees for bounced checks or any balances not paid within 30 days including outstanding balances after discharge.

OTHER PAYMENT OPTIONS: If I prefer not to use my credit card, I understand I may pay in advance for sessions by sending a check. However, I understand that a credit card may be charged by my therapist to cover missed sessions, bounced checks, and unpaid balances. There is a fee of \$20 for returned checks.

Delinquent Payments: You are responsible for paying the bill in full unless special arrangements have been made in advance. Delinquent accounts may be turned over to a collection agency at which time you agree to be responsible for collection charges and all associated legal fees in addition to the amount owed.

CREDIT CARD INFORMATION: By signing below, I certify that my above information is true, accurate and that I am an authorized user on the account. I authorize that by signing below, I certify that my above information is true, accurate and that I am an authorized user on the account. I authorize Healing with Trust Therapy, LLC to keep my credit card information on file and charge any fees that are my responsibility listed on the intake paperwork. I understand and give permission to charge my card for any therapy appointments not canceled with a full 24-hour notice. If I do need to cancel an appointment, I will call the Reimagine Counseling office or with my therapist in advance.

Healing with Trust Therapy, LLC agrees to ONLY charge for services rendered or for fees on appointments not cancelled 24 hours in advance.

I verify that the credit card information I provide is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest/additional costs incurred if denied.

Your e-signature below indicates that you have read and understood our credit/debit

card and delinquent account policy. You are authorizing Healing with Trust Therapy, LLC to charge the above credit card for ongoing payment toward your balance. You are aware that your information will be saved on file for a future transaction on your account.

Client

A handwritten signature in black ink that reads "Cedric Mendes". The script is cursive and fluid, with the first name "Cedric" and last name "Mendes" clearly distinguishable.

Signed by Cedric Mendes
January 2, 2024 at 9:36 pm

IP address: 73.186.151.207