

Family/Couples FFS Responsibility for Fees & Credit Card Authorization

This form must be signed by the person named on the credit card.

CLIENT FAMILY NAME (i.e. Smith Doe Family) _____

PeoplePsych's standard couples/family sessions are 55-60 minutes in length and fees are as follows:

- Initial Session - \$190.00
- Subsequent Sessions - \$165.00

Longer sessions are available upon request and will result in an additional fee. In some cases, fee for service clients may negotiate a lower rate for sessions by first speaking with their therapist who will discuss the request with the PeoplePsych administration.

We require 24 hours notice of any cancellation. Clients may otherwise be charged the full session fee. Rates may increase periodically; clients will be informed prior to any rate change.

All client fees are due at time of service. Clients may pay via the JANE client portal, otherwise PeoplePsych will charge the card below.

I hereby acknowledge that I am personally liable for all fees for services performed on the client family/couple's behalf by PeoplePsych LLC ("PeoplePsych"). These fees include full session charges even in the event I am not personally participating in the session.

I hereby authorize the credit card company listed below to recognize and approve charges against the credit card listed below as submitted by PeoplePsych. I certify that the below listed card is issued to me, and/or that I am an authorized signatory on the account; and that said card is currently valid. I further agree to maintain and keep on file with PeoplePsych a valid credit card at all times.

This credit card authorization form is kept on file for billing purposes and is used only as requested by card holder or in the event that an outstanding bill is not paid after seven (7) days from the time charges are incurred. As stated in the client agreement, all fees are due at the time of service.

Name on Credit Card _____

Type of Card **VISA** **MasterCard** **AMEX** **Discover**

Credit Card No. _____

Expiration Date _____ CVC* No. _____

Billing Address _____

City _____ State _____

Zip _____ Phone _____

I understand that this card will only be used to receive payment for services received from and billed by PeoplePsych, LLC to client named above. I agree to pay the charges for which I am billed if I have chosen not to pay using another form of payment.

Authorization Signature: _____ Date: _____

*CVC: A Card Verification Code, or CVC, is a number that provides extra security to credit and debit card holders, in case an unauthorized person gets a hold of your account number. CVCs are one way to make sure someone has the actual card in his or her possession.

The CVC on American Express cards is four digits, and is located on the front of the card, on the right side. Discover, MasterCard, and Visa use three-digit CVCs, which are listed on the back of the card. The CVC is the last three digits of the number that appears on your signature bar.