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| **Payment Policy and Credit Card Authorization** |

**Alyssa McKeeman, NCC, LAPC**

209 Pendleton Rd, Suite C

Clemson, SC 29631

407-303-0827

Clients seen by Alyssa McKeeman agree to pay $125 per fifty-minute session and $150 per seventy-five minute session. Any services beyond these standard sessions, such as a phone call exceeding 15 minutes, will incur additional charges to be discussed prior to the service being provided. Alyssa McKeeman reserves the right to announce fee increases that also applies to existing clients. You will be provided with a superbill that can be submitted to your insurance company for reimbursement. You must contact your insurance company yourself for reimbursement and I cannot guarantee that they will reimburse you the full amount that you have paid. You are responsible for providing full payment at each session. All clients are required to keep a credit card on file in case of missed appointments or late cancellations. Please note that you will be charged the full fee for missed appointments or late cancellations that happen within 24 hours of your appointment. Your credit card information will be kept in a confidential, locked filing cabinet at all times.

I hereby authorize Alyssa McKeeman (dba Blue Ridge Psychotherapy, LLC) to charge my credit card as follows:

Card type (circle) Master Card Visa Discover

Name on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CV code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read, understand and agree to the above fee payment and credit card police for the services provided by Alyssa McKeeman (dba Blue Ridge Psychotherapy, LLC).

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**Signature Date**