

Dear Client,

I am deeply committed to the clinical care I provide and hope that each client experiences my therapeutic practice and office procedures as seamless, beneficial, and fulfilling.

In order for things to run smoothly, I would like to discuss payment policies.

I request payment at the time of your session. I accept checks, cash, and credit cards. I request that all clients keep a credit card on file with me.

If you are paying by check, please have your check written before the session so we do not have to take time out of your session for you to write your check.

I request 24 hours notice for cancellations. If you cancel with less than 24 hours notice, and I am unable to fill your slot, I may charge you for your missed session. I understand that emergencies do arise and I do not expect you to pay for a session that is canceled late due to an emergency. In short, I am very reasonable about cancellations, and I ask you to be respectful and considerate about giving me as much notice as possible when you need to cancel an appointment.

***Insurance Billing:***

I do not do any insurance billing. Upon request, I will provide a statement via email with which you can bill your insurance.

**Credit Card Information**

Name on Credit Card\_\_\_\_\_

Billing Address\_\_\_\_\_

\_\_\_\_\_

Visa   Mastercard   Discover

Credit Card Number\_\_\_\_\_

Expiration Date\_\_\_\_\_

I have read and understand Dr. Alexandra Matthews' financial policies. I authorize Dr. Matthews to charge my credit card in accordance with her policy statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date