



Flatiron Mental Health Counseling

Credit Card Authorization Form

I, _____ authorize Flatiron Mental Health Counseling to charge the credit card listed below for my office visits. My card will be charged at the end of each visit or within 24 hours of my visit. I understand that refunds are not possible for visits that have been completed. I understand that if my insurance company issues checks directly to me for visits with Flatiron Mental Health Counseling, I will sign them over to Flatiron Mental Health Counseling, and bring them to my therapist within 2 weeks from the date of the issue or my card may be charged for the amount of the check.

If I need to cancel an appointment, I will provide 48 hour notice (72 hours for weekend or Monday appointments) or Flatiron Mental Health Counseling will charge a cancellation fee equal to that of my full session fee. Insurance will not cover payments for missed visits.

This authorization will remain in effect until I notify Flatiron Mental Health Counseling that I do not want future charges to be authorized.

Please write legibly. Please double check the numbers you've written to ensure correct information is given.

Credit Card Information	
Credit Card Number	
Expiration Date	CVC Code
Name of Card Holder	
Address	City, State, and Zip
Email Address	
Would you like your receipt mailed or emailed to you?	
Mail	<input type="checkbox"/>
Email	<input type="checkbox"/>

Please email the completed form to assistant@fmhc.nyc