The Wake • Kendall Group PLLC
Psychotherapy & Assessment

For Office Use Only:
Return To: _____
Input by:_____ Date: _____

PAYMENT AUTHORIZATION FORM FOR THERAPY (effective 2/2020)

In order to obtain therapy services from The Wake Kendall Group PLLC ("WKG") we require that all clients have a credit card on file or that they prepay. Please note that WKG does not participate in any insurance plans. Clients will be able to access billing statements through the patient portal in our electronic records system, Valant, as soon as the session has been billed. The statements will have all of the necessary information necessary for insurance reimbursement, if applicable. If you do not wish to or are unable to have a credit card on file, we require that you discuss monthly prepayment for services with your therapist.

Individual Therapy: For individual therapy, clients can choose to pay by credit card, check, or prepayment for monthly services. As of March 2020, we will be migrating towards billing patients on a weekly, versus monthly, basis. You will be charged for all sessions unless notice of cancellation has been given at least 24 hours in advance.

☐ ___(initial) I elect to pay by **credit card** (no debit cards) for individual therapy.
☐ ___(initial) I elect to pay by **check** for individual therapy, but I understand and agree that the credit card on file will be automatically charged for all past due balances greater than 60 days from the session date.
☐ ___(initial) I elect to **prepay for services** monthly for individual therapy **by check.**

Group Therapy: For group therapy, clients need to prepay for all sessions in the group module and can choose to pay by credit card or check. If, after the first group session of a module and before the second group session, you notify WKG that you are withdrawing from the group, you will only be charged for that one session. Without notification of your withdrawal prior to the second group of the module, you will be charged for the entire module regardless of attendance. ***There are no exceptions to this policy*** (including but not limited to hospitalizations for either mental or physical health, illness, weather unless groups are cancelled, vacations, summer camp, or other scheduling conflicts).

☐ ___(initial) I elect to prepay by **credit card** (no debit cards) for group therapy.
☐ ___(initial) I elect to prepay by **check** for group therapy, but I understand and agree that the credit card on file will be automatically charged for all past due balances greater than 60 days from the session date.

CREDIT CARD INFORMATION

Client's Name: _____
First Last

Client's Email: _____

Cardholder's Full Name: _____
(as appears on credit card) First Last

Cardholder's Email (if different than Client's email) _____

Address of Cardholder: _____City: _____ State: _____ Zip: _____

CARDHOLDER'S SIGNATURE: _____DATE: _____
My signature above indicates that I have read and agree to the terms of the Payment Authorization Form. I authorize The Wake Kendall Group PLLC to charge my credit card for any unpaid balances after 60 days from the session date, whether or not I have elected to pay by credit card for the services rendered. I understand that this authorization is valid for the entire time the client receives services from The Wake Kendall Group PLLC and until the balance is paid in full unless I cancel the authorization through written notice. I also agree to contact The Wake Kendall Group PLLC if there are any changes to my credit card account information.

Type of Credit Card: _____ **Credit Card #:** _____

Expiration Date: _____ **3 or 4 digit Security Code:** _____