

# RESTORATION COUNSELING CENTER

## PAYMENT & CANCELLATION/RESCHEDULE POLICY

I understand that it is the policy of Melissa D. Richards, LLC (dba Restoration Counseling Center) that the client or the parent/guardian of clients under 18 years of age is responsible for payment at the time services are rendered.

- I understand that payment (cash, check, or debit/credit card) for sessions will be conducted the same day, immediately following the scheduled counseling session.
- I will be responsible for a payment of **\$35** for failure to attend my scheduled appointment and/or reschedule within a minimum of **24 hours** prior to my scheduled appointment. Emergency circumstances may be given special consideration by the therapist.
- In cases of bank-refused payment (i.e. overdrafted funds), I understand that my credit card will be charged for the original session fee plus any additional fees incurred resulting from the overdrawn charge (i.e. bounced checks).
- If payments are not current, all future sessions will be postponed until the client's account is paid in full.
- I understand that I am responsible to notify Melissa D. Richards, LLC if my credit card information changes.
- If for any reason a current credit card is not on file to be charged the aforementioned fees, Restoration Counseling Center may bill me directly.

*I agree that Melissa D. Richards, LLC may charge payment to the following credit card with the information below for unattended appointments, delinquent rescheduling, and/or bad charges.*

### Credit/Debit Card Information:

Visa       Mastercard       Discover       Other: \_\_\_\_\_

CC# \_\_\_\_\_

Name (As Appears on Card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

Billing Zip Code For Card: \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_