WellSpring Child and Family Psychology

615 Jefferson Davis Hwy, Suite 101
Fredericksburg, VA 22401
Phone: (540) 693-0096

Credit Card Authorization Form

This notice authorizes us at WellSpring Child and Family to charge your credit card to pay for copays and/or session fees associated with each session. Credit card authorization will also be used to cover any unpaid balances including, but not limited to, unpaid copay or session fees, missed appointment and late cancellation fees, and deductibles not paid by insurance (unless other payment arrangements are made).

Please note that services are provided to you and billed to your insurance as a courtesy. You are responsible for any costs not covered by your policy. Appointments are reserved for you and only you, and 48-hour notification is required to cancel an appointment. The fee for the first missed appointment is $50, $75 for the second missed appointment, and the full session fee thereafter. Late fees will not be reimbursed by your insurance.

The following fees will be charged to the card on file:

- Missed appointment/late cancellation fee of $50 for the first missed appointment, $75 for the second missed appointment, and full session fee thereafter
- Returned check fee of $35
- Unpaid session fees (including but not limited to coinsurance, copays, self-pay due, or fees not paid by insurance due to deductible)

*Please note that all credit card transactions may include an additional $1 convenience fee (per transaction) to cover the costs incurred

Name on Card:___________________________

Credit Card Type (we do not take American Express): ________________

Account Number:_________________________

Security Code:___________________________

Expiration Date:_________________________

Zip Code:_______________________________

Name of individual(s) receiving services at WellSpring who's account can be billed with this card:____

I authorize WellSpring Child and Family Psychology, PC to use this credit card for the purposes stated above:

Signature of Cardholder: ____

(Revised 07/2019)