Andrea Schneider, LCSW
150 N. Walnut Ave., Suite J
San Dimas, CA 91773
(626)-241-6812

Credit Card Policy for Psychotherapy Services

*I agree to have my credit card information on file confidentially with my psychotherapist, Andrea Schneider, LCSW. My credit card will be billed $70.00 plus a $2 credit card fee in the event that I cancel my appointment with less than 24 hours notice or if I no-show for an appointment. I understand that my appointment time has been set aside specifically for me. _____(initial)
*In the event that my insurance does not cover the cost of the session, I understand that I will be responsible for the cost of the session and that my credit card will be charged for the fee (or I can pay cash or check if I have made arrangements to do so with my therapist). _____(initial)
* I understand that all payments for services are due at the time of service. Payments include copayments and deductible payments. _____(initial)
* I understand that I will be charged a late fee of 10$ for every week a payment is late. If my balance due goes unpaid after two months, I understand that my therapist may proceed with a collections agency to collect payment. _____(initial)
*I understand it is my responsibility to communicate any financial hardship with my therapist at the beginning of the session so that arrangements can be made to discuss payment options. _____(initial)
* I understand it is my responsibility to know my health insurance plans and limitations, and that should my insurance not cover the cost of the session, I am fully responsible to pay for the service. _____(initial)

Signature of Client: _____
Date:_____

Credit Card Number:_____
Expiration Date: ___/____
3 digit Code:_____ Zip code associated with card:_____
Email/phone number to receive receipt:_____