HALLOWELL
NEW YORK CITY
117 West 72nd St, 3rd Floor ~ New York, NY ~ 10023
p: 212.799.7777 f: 212.799.7772
e: info@hallowellcenter.org

CREDIT CARD AUTHORIZATION FORM

In order to facilitate timely continuation of treatment, you may be advised to keep credit card information on file at our center. This card would be used for any account balances including, but not limited to: therapy sessions, pharmacological follow up appointments, coaching sessions, mailing of prescriptions, late cancellations, or failure to arrive for an appointment without advance notice ("no-show appointments"). ***Due to our 24-hour cancellation policy, we will charge the below credit card the morning of your appointment. Please contact us prior to the day of your appointment if you wish to use another form of payment. All New Patients must give a 48-our cancellation notice, otherwise you will be charged $250 for a late cancellation or no show.***

Name on Credit Card: _____

Patient's Name (if different than above): _____

Email (for all invoices): _____

Card Number: _____

Expiration date: _____ CVV (Security Code): _____

Billing Zip Code: _____ Billing Street Number: _____

By signing this document, I am acknowledging that I am in-agreement with the below Hallowell Center policies:

- Payment is due at the time of service, at the start of each session.
- Account balances for services rendered at the Hallowell Center will be charged to the credit card that is obtained and held on file. If another form of payment is desired, it must be provided at the time of the scheduled appointment.
- If the credit card on file is lost, stolen, compromised, or canceled, the patient is responsible for informing the center and providing an additional form of payment.
- The Hallowell Center will not release credit card information or charge for services not provided at the center without permission from the patient.
- Appointment must be cancelled 24-48 hours prior to the scheduled meeting time. Same day cancellations or a no-show appointment will result in billing at the full price of the appointment.

_____ _____

Signature Date