

KASIA CISZEWSKI, LPCA
LICENSED PROFESSIONAL COUNSELOR ASSOCIATE
Charleston Counseling Services LLC
MyCharlestonTherapist.com
843-597-6497

FINANCIAL AGREEMENT AND AUTHORIZATION TO CHARGE CREDIT CARD

- Full payments and Co-payments are due at the time of service.
- Insurance policies are contracts between you and your insurance company. I file these claims as a courtesy and try to help with problems, but you need to resolve those beyond my control. If insurance is not paying within a reasonable time, you will be responsible for full payment. (Currently not applicable.)
- Any phone conversation over 5 minutes will be charged at a prorated fee based on \$100/hour. Your insurance company does not cover this.

Please note the following cancellation or missed appointment policy is in effect.

- A 24 hours notice is required for canceling appointments. These appointments will be rescheduled with no penalty.
- Cancellations made with less than 24 hours notice incur a late-cancellation fee based on the prorated fee of \$100/hour.
- No-shows or cancellations made after the start of the scheduled appointment will incur the full fee of the session.
- Cancellation fees will be waived in the event of a medical emergency requiring urgent professional treatment, a death in the family member, or natural disaster.

Client Name: _____

Date of Birth: _____

Name on Credit Card: _____

Mailing Address of Credit Card: _____

Phone Number of Cardholder: _____

Credit Card Number: _____

Expiration Date: _____

Security code/CVV: _____

Send Receipt of Payment to this Email: _____

Signature of Cardholder: _____ Date: _____