

ELECTRONIC PAYMENT AUTHORIZATION

Upon approval, Maggie Baumann's office will automatically bill your credit or debit card weekly (on when you have a session) based on sessions and/or cancellations per the office cancellation policy. At the end of each month, you will automatically receive an insurance-ready statement via email. If you are seeking reimbursement from a healthcare plan privately, you may use this statement to do so.

PAYMENT INFORMATION

The following credit/debit forms of payment are accepted: *Visa, Mastercard and Discover*. Each week (or session), the session fees will be deducted from the designated account at the time services are rendered.

I authorize Maggie Baumann, MFT, CEDS, to bill the card listed below, and understand that this form is valid until the expiration date of my charge card listed, unless I cancel authorization through written notice. Please be aware that transactions will appear as **"THERAPY PARTNER"** on your bank or credit card statements.

Client Information

Client Name (please print): _____ Date of Birth _____

Cardholder CREDIT or DEBIT card Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name: _____

Address: _____ City _____ State ____ Zip _____

Circle credit or debit card:

Circle card type: Visa Mastercard Discovery Card

Card Number: _____ Exp. Date _____

Cardholder's Signature

Date

