



Cristina Panaccione and Associates Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Credit Card Information

Card Type: MasterCard VISA Discover AMEX

Other _____

*Cardholder Name (as shown on card): _____

*Card Number: _____

*Expiration Date (mm/yy): _____ *CVV: _____

*Cardholder ZIP Code (from credit card billing address): _____

*Email Address (mandatory for receipts): _____

I, _____, authorize Cristina Panaccione and Associates, LLC to charge my credit card above for agreed upon fee schedule as appropriate. I understand that my information will be saved to file for future transactions on my account. *I understand that any cancelations without 24 hour notice or no show appointments will be subject to an automatic Late Cancel/No Show fee of \$75.*

Fee Schedule

Fees are non-negotiable. Fees are subject to change at practice's discretion.

- Diagnostic Evaluation (intake) - \$150 LPC/LCSW or \$75 MA
- Psychotherapy Sessions - \$125 LPC/LCSW or \$50 MA
- Returned checks - \$25 fee plus reimbursement
- No Show/Late Cancel (under 24 hour notice) - \$75
- Phone calls - \$20/10 minutes - There is no fee for calling to confirm or change appointment times prior to 24 hours
- Email/Texts - \$25/message - There is no fee for emailing to confirm or change appointments prior to 24 hours
- Court Costs - \$250/hr *plus* any preparatory costs including attorney consult, researching and preparing testimony, travel reimbursement, or any other costs incurred. These must be paid *in full prior* to any court appearance. Three weeks advance notice must be given.

Customer Signature / Date