



be • better • balanced

the hobbs building
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www.symmetry-counseling.com

Credit Card Form

Cancellation Policy

Clients will be charged for appointments not cancelled 24 hours prior to the appointment time.

- If you are choosing to turn your receipts in for insurance reimbursement, the missed/cancelled session cannot be counted as a treatment session, so you will not be reimbursed for the session.
- A credit card will be kept on file for cancelled/missed appointments
- Late cancellations, no shows and/or no calls will be charged in full (plus 3.5% convenience fee) for the treatment session missed on the day of the scheduled session.
- These sessions will be charged the day of the session using the credit card number provided below.

Credit Card Policy

In addition to accepting checks or cash, clients may choose to keep a credit card on file to pay for sessions.

A 3.5% convenience fee will be added to the session fee for those who choose to use a credit card.

Type of credit card:		Name on card: _____													
<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	Billing Address: _____													
<input type="checkbox"/> Mastercard	<input type="checkbox"/> AMEX														
Card #:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														
Expiration Date:	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td> </tr> </table>					/	<table border="1" style="width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td><td style="width: 10px;"></td> </tr> </table>					CCV code: _____			

I authorize Symmetry Counseling to make charges to my credit card for payment of counseling services rendered when I do not provide cash or check for those sessions. I understand the cancellation policy and give Symmetry Counseling permission to charge any cancelled/missed session on the credit card listed above.

signature

date