

Mosaics Counseling
3300 W Lake Mary Blvd., Ste. 340, Lake Mary, FL 32746
www.mosaicscounselingorlando.com
407.406.4885

FEE AGREEMENT & ELECTRONIC PAYMENT AUTHORIZATION

Accepted forms of payment include all major credit cards, cash, check, Zelle, and Venmo (@mosaicscounseling). In order to pay with card, please provide card information below. Note that a convenience fee of \$5.00 will be added to payment when using a card, or \$4.50 when using Venmo. Charges for services rendered will be deducted from the card designated below at the time services are rendered.

Client: _____ Person Responsible for Payment: _____
Name Name

By signing this statement, I accept financial responsibility for counseling sessions, missed appointments, and any other fees incurred due to lack/decline of payment: _____
Client/Guardian Signature Date

Standard Fees

50-minute counseling session	\$145
80-minute counseling session	\$210
110-minute counseling session	\$260
Phone consultation more than 15 minutes	\$73 per half hour

Please initial the following statements:

_____ I understand that if I do not show up to my appointment, I will be charged the full amount for the missed appointment.

_____ I understand that I must communicate with my counselor via email or text 24 hours in advance if I need to cancel or reschedule my appointment in order to avoid being charged for the appointment.

_____ I understand that if my payment is declined, I am responsible for the entire amount owed and any interest or additional costs incurred.

Please provide your payment information below.

Name on Card: _____ Billing Zip Code: _____

Card Number: _____

Expiration Date: _____ CVV (3 numbers on the back of the card): _____

I understand that this form authorizes Amanda Taylor Martin to charge this card for varying session types, across multiple dates of service. By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder, and my signature below authorizes each individual charge for all dates of service.

Cardholder Signature: _____ Date: _____