Credit / Debit Card Payment Consent Form

**Client ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name on Card if different than client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize The Mahogany Projek, LLC to charge my credit/debit/health account card for professional services 24 hours before our scheduled appointment. If I do not cancel before 48 hours, I recognize that The Mahogany Projek, LLC will charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge:

Our Fees/Rates

Diagnostic & Evaluation (90 minutes/1st session) $150 -175

General Session (Individual and Couple/50 minutes) $60 - 130

Family Session (60 minutes) $150

Family Session (90 minutes) $195

Court Appearance Fee (per hour) $160

Phone Consultation (30 min) $50

Group Counseling (Mental Health) $35 - 45

Substance Use Group Counseling $20 - 40

Substance Abuse Intake/Evaluation (90 minutes/1st session) $ 130

Written Reports (Court, etc.) $ 100

No show fee (If appointment is cancelled within 48 hours of the appointment) is the cost of the appointment

Come-to-you-counseling (plus travel time/door to door) $220/h**r.**

​

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initials: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_