**Lori Payne Benker, LPC Credit Card Information**

**Authorization for Credit Card Billing**

I authorize Lori Payne Benker, LPC to charge my Mastercard or Visa for all charges incurred for charges incurred due to a late-cancel (less than 24 hours notice) or no-show on my part (except in emergency) : \_\_\_\_\_\_\_\_\_\_\_\_ (Initial) \_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

I authorize Lori Payne Benker, LPC to keep my signature on file and to charge my Mastercard or Visa for all charges incurred for all services provided by Lori Payne Benker, LPC: \_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

Cardholder’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing City and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mastercard or Visa Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3-digit supplemental code (on back of your card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sliding-Fee Scale Application**

Note: You must submit proof of income and proof of any extraordinary expenses for your application to be considered.

|  |  |
| --- | --- |
| **Gross Monthly Household Income** (before taxes) | **$** |
| **Annual** Household Income (multiply monthly x 12) | **$** |
| **Describe any extraordinary monthly financial expenses, if any (ex: medical):** | **$** |
|  |  |
|  |  |

Number of Household Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| FOR OFFICE USE ONLY: | **$** |
| Client **DOES DOES NOT** meet requirements for sliding-fee scale. Staff initials: | |

**Fees for Professional Services:**

I (we) agree to pay Lori Payne , the following fees for any of the services received.

|  |  |
| --- | --- |
| **Service** | **Fee** |
| Initial Assessment | **$** |
| Individual/Family Sessions | $ |

**Payments for services are due at the time of visit and remain the sole responsibility of the client or person indicated as being responsible for your account.**

**I HEREBY CERTIFY that I have read and agree to abide by the conditions indicated by this statement.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client/Guardian Signature Date**