

# DANA SEASON, PSY.D.

## Cancellation/Payment Policy & Credit Card Information

All fees for individual therapy sessions must be paid in full at time of service. For all services including court appearances, letters, testing and consultations, fees must be paid in full prior to the service. **All sessions must be canceled 48 hours prior to the scheduled appointment time in order to avoid being charged the full session fee.** If you are paying a sliding scale fee and it becomes evident during therapy that you are able to afford an increased fee we will discuss that and your fee will increase accordingly. I raise my rates every December and will inform you in advance of the cost increase.

Please provide your credit card information below to be used for any unpaid fees or late cancellations. There is an **additional 5% fee for all credit card transactions.**

I \_\_\_\_\_ agree to the aforementioned cancellation and payment policies.

I \_\_\_\_\_ will use my credit card to pay for weekly therapy sessions.

Sign \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

### **Credit Card Information:**

Full Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card #: \_\_\_\_\_

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

CVV Code: \_\_\_\_\_