

Dawn King, LPC, CACIII
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Credit Card Authorization Form

Dawn King, PLLC requires that you provide credit card information to be kept on file with Ivy Pay. Whether or not you choose to pay your session fee by credit card we still ask to have a credit card on file to be used in the case of missed appointments, and/or appointments that have been cancelled with less than 24 hours' notice.

I, _____, hereby authorize Dawn King, LPC, CACIII to charge my credit card after each session or for a missed appointment or late cancellation if I am not paying for therapy services with a credit card.

I agree that Dawn King, LPC, CACIII may charge my credit card up to the full fee of _____ for professional services including the following should they apply:

- Appointments that I elect to pay by credit card
- Missed appointments (full fee)
- Appointments that I have been cancelled with less than 24 hours' notice (full fee)
- Balances of charges not paid by me or my insurance
- Insufficient funds/returned checks and bank charges for those
- Other professional services I may provide to you (pro-rated), such as report writing (please see consent for treatment for full policy).

If your credit card does not go through or in the event your account remains past due for thirty (30) days, your account will be sent to collections. Dawn King, PLLC reserves the right to send your account to collections, in accordance with our policies and procedures; at any time after your account is considered past due.

By signing this authorization form, you agree to notify Dawn King, PLLC of any changes to your credit card information such as a new expiration date or when your credit card has been cancelled, lost, stolen or revoked.

Client Name (print)

Date

Client Signature