



Billing and Payment Policy

As part of our Billing and Payment Policy, an active credit card number with the expiration date and security number will be kept on file.

This card will *not* be charged *unless there is a default in payment*, which includes:

- A missed appointment (***Please note that you will be charged a flat fee of \$120.00 if you miss an appointment and don't give 24 hour notice***)
- An outstanding balance, including, but not limited to deductibles, co-payments, session fees and assessment/evaluation fees.

At the start of the each New Year, we will ask you to update this form. If you close the credit card account, please notify us so that we can update our records.

Sincerely,
Positive Change for Teens and Families, LLC

Credit Card # _____ Expiration Date: _____

Name on Credit Card: _____

Billing Address: _____

Visa Mastercard Discover Amex Debit (circle one)

3 digit security code on back of card or: _____

Amex 4 digit security code on front

I understand that if there is a default in payment including a missed appointment or balance due that my credit or debit card will be charged for the amount due.

Signature: _____ Date: _____

1315 Walnut Street, Suite 806 Philadelphia, PA, 19107
(215) 545-3700 fax (215) 545-3711 karyn@positivechangeorfamilies.com