

# Kathryn Miller Therapy

22 Parman Place

210-592-8307

[www.kathrynmillertherapy.com](http://www.kathrynmillertherapy.com)

## Electronic Payment Authorization

All KMT clients will need to provide a **\$350 deposit**. If a client(s) fails to show for their initial consultation, or if the client(s) fails to provide at least four (4) weeks' notice in writing, prior to exiting therapy, the deposit will then be forfeited. If you are scheduled for an intensive, and do not show, then the entire amount of the intensive is then forfeited. You must provide at least two weeks' notice from the actual date of your scheduled intensive, or the full amount is then forfeited.

In addition, your credit card information is kept on file and will be used for any miscellaneous charges that are above and beyond the normal session fee. You will receive a virtual receipt, sent via email, for any transactions, including your deposit. As in most professional therapy offices, when working with couples, a separate credit card is requested for both individuals involved in therapy with Kathryn Miller Therapy. The card you choose to use for payment is the card we will use. If payment is declined, our office will always contact you and inform you of the declined payment, and that payment will then be charged to the second card on file.

Please see the **Fee Agreement and Financial Policy** for further information.

*Please complete the following information. This form will be securely stored in your clinical file and may be requested upon request.*

**I give my permission to have my card charged if I fail to make a payment or miss an appointment. \*initial to confirm: \_\_\_\_\_**

**Client Name:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Responsible Billing Party (as shown on card/account)**

**Card #:** \_\_\_\_\_ **CVV#** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Billing Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_