



HELEN WILSON COUNSELING, LLC  
673 E AIRPORT AVENUE, BATON ROUGE, LA 70806  
225.283.4094

**CREDIT CARD CONSENT AND POLICY FORM**

I, the undersigned, authorize Helen Wilson Counseling, LLC [DBA, Helen Wilson] to keep my signature on file and to charge my credit/debit card account as indicated below:

A charge to the credit/debit card will ONLY be made under the following circumstances:

- Upon receipt of services
- Missed appointments
- Cancellations made less than 24 business hours in advance (ex: cancel Friday afternoon for a Monday morning appointment. However, calling Thursday afternoon or Friday morning to cancel a Monday morning appointment will equal no charge.

Fees are billed as followed:

- Initial appointments - \$125
- Follow-up appointments - \$100
- Substance abuse assessments - \$200
- Paperwork for legal purposes - \$25
- Any negotiated fee with the agency or insurance company: \_\_\_\_\_

The card will need to be updated when it expires, and it is your responsibility to update this office with such information. Failure to update card information in a timely manner may interfere with your ability to make appointments until the updated information is received.

I, the undersigned, understand that this form will be valid for the duration of my treatment with this office UNLESS I cancel through written notice to Helen Wilson Counseling, LLC, 673 E Airport Ave, Baton Rouge, LA 70806.

By my signature below, I understand that this office and its affiliated organizations require payment at time of service, therefore, I hereby give my permission to charge my credit card for payment of services and/or any unpaid balances due to provider.

TYPE OF CREDIT CARD (circle one)    VISA    M/C    AMEX    OTHER \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_    SECURITY CODE \_\_\_\_\_    ZIP CODE \_\_\_\_\_

PHONE: \_\_\_\_\_    EMAIL: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AS IT APPEARS ON YOUR CREDIT CARD

\_\_\_\_\_  
SIGNATURE & DATE