



## Fees for Services Rendered and Authorized Use of Credit Card

*These fees are for Clients who are paying out of pocket and not utilizing medical insurance or Employee Assistance Programs to cover the cost of services provided.*

Fees are determined per income and family size.

Family Size	1 person	2 people	3 persons	4+ persons
	Annual Income			
<b>\$140</b> per 50 min session	\$110,000 or higher	\$120,000 or higher	\$130,000 or higher	\$140,000 or higher
<b>\$130</b> per 50 min session	\$70,000 – \$79,000	\$80,000 – \$89,000	\$90,000 – \$99,000	\$100,000 – \$109,000
<b>\$120</b> per 50 min session	\$30,000 – \$49,000	\$50,000 – \$59,000	\$60,000 – \$69,000	\$70,000 – \$79,000

*Based upon this scale, I will be charged \$\_\_\_\_\_ per 50 minute session.*

**To reduce fees and costs, we require clients to provide us with a credit card for payment, which we store securely and confidentially.**

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

Parent/ Guardian Name: \_\_\_\_\_

Last 4 digits of Credit Card: \_\_\_\_\_

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

Address      City/State      Zip

I, the undersigned hereby authorize Yuma Counseling Services, PC, to charge the above-referenced credit card for services rendered and missed appointments that were not cancelled with more than 24-hours notice. Receipts are available upon request. In addition, I understand my credit card will be charged in the event a check is returned for insufficient funds.

I, the undersigned, understand that it is my responsibility to inform Yuma Counseling Services, of any changes to my credit card information including address, zip code, updated expiration dates, account numbers and security codes. I understand I will be responsible for any bank chargeback fees if this information is not kept up to date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date