



# Benjamin's Behavioral Health Services

9701 Richmond Avenue Ste 210 Houston Tx. 77042 Phone: 713.840.7956 Fax: 713.840.7957

## CREDIT CARD AUTHORIZATION

I, \_\_\_\_\_, am authorizing Benjamin's Behavioral Health Services to  
(Print Patient's Name or Guarantor's Name)

Charge my credit card in the event that I fail to show for a scheduled appointment, or do not give notification of my inability to attend a scheduled appointment in advance.

Please remember that all appointments need to be cancelled at least **48 business hours in advance** in order to avoid and fees. New Patients will be charged for the full initial visit of \$385 and No shows/same day cancellations will be charged \$100. **THERE ARE NO REFUNDS ONCE YOUR CREDIT CARD ON FILE HAS BEEN CHARGED FOR THESE FEES.**

Please note reminder calls/texts/e-mails is a courtesy. You are responsible for your appointment whether your reminder was received or not.

I further authorize Benjamin's Behavioral Health Services to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

Card Type (**circle one**):    Visa      MasterCard      Discover      American Express

Card #: \_\_\_\_\_ CVV: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name as Printed on Card: \_\_\_\_\_

BillingAddress: \_\_\_\_\_  
(Street, City, State & Zip)

Signature: \_\_\_\_\_  
(Patient or financially responsible party)

Date: \_\_\_\_\_

*This form will be securely stored in your clinical file and may be updated upon request at any time.  
Please note, your credit card will not be charged unless the following conditions apply: no-show for a scheduled appointment, cancellation of an appointment less than 48 business hours in advance, or participation in treatment (e.g. appointment or phone session) without payment rendered.*