



Family Therapy Center of Old Town

401 S. Washington Street

Alexandria, VA 22314

Payment Agreement and Credit Card Authorization

Health Insurance Information

The Family Therapy Center of Old Town (the “Center”) is considered an “out-of-network” provider and does not work directly with insurance companies. You may be eligible for some reimbursement through that provision in your policy, if applicable. If so, the Center will provide you with a statement to submit directly to your insurance provider. Your provider will issue any reimbursement directly to you.

Payment Information

The Center accepts payment by cash, check, or credit card. Payment is required on a per session basis unless otherwise arranged with your therapist. If you are meeting with your therapist via web-based teletherapy, you may utilize the secure payment portal through the teletherapy platform. *Please note, there is a credit card processing fee for all credit card transactions. This fee changes periodically and you will be notified of any changes prior to your card being charged.*

Payment Agreement

I agree to pay \$_____ and any applicable credit card processing fees for the following professional service rendered to _____.
(Client Name)

Professional Service: _____

Payer Signature

Date

If you would like to pay by credit card, please continue to the next page.

I understand that *this form is valid for the duration of treatment* unless I cancel the authorization through written notice to the Center.

Credit Card:

Visa

MasterCard

Credit Card Information		
Name (as it appears on credit card)		
Billing Address		
City	State	Zip/Postal Code
Credit Card Number	Expiration Date	CVV (3-digit number on back)

I authorize the Center to keep my signature on file and bill the above credit card for professional services rendered to _____:
(Client Name)

Signature of Credit Card Holder

Date