



Strong as Stone Counseling Services, PLLC

PAYMENT AUTHORIZATION FORM

By signing below, I authorize Strong as Stone Counseling (SAS) to securely maintain my payment method on file and to charge my card for the following, as applicable (please initial):

_____ Copays/Co-Insurance for counseling, evaluations, medication management sessions

_____ Balances due for counseling, evaluations, and medication management

_____ Late cancellation and no show fees

Payment Method Details:

Name on Card: _____

Card Number: _____

Card Expiration Date: _____

Security Code: _____

Billing Address: _____

Billing City/State: _____

Billing Zip Code: _____

Financial Responsibility

I understand and agree with that:

- I am financially responsible for all services provided, regardless of insurance coverage
- Insurance benefits are not guaranteed, and I am responsible for any remaining balance
- Payment is expected at the time of service unless otherwise arranged
- Any unpaid balances may be charged to the card on file after reasonable attempts to notify me

Payment Terms

- SAS will make reasonable efforts to notify me of charges; however, I authorize charges for the items selected above without additional authorization at the time of each charge
- I agree to keep a valid payment method on file and to update my information as needed
- If my card is declined, I understand that services may be paused until payment arrangements are made

Security and Privacy

Payment information is stored and processed using secure, HIPAA-compliant systems. SAS does not store full card details in unsecured formats.

