

CONSENT FOR CREDIT or DEBIT CARD PROCESSING

This office requires that all clients have a Visa or Mastercard on file to be drafted automatically for any missed session. A missed session is defined as a session that was not cancelled at least 24 hours in advance of the scheduled time for the session. Cancellations should be made by telephone to 214-378-7260, not to email or in the form of a text. If you have emailed or texted your cancellation, you must receive a confirmation by Dr. Burmeister that the information was received or you will be billed. Therefore, **your signature below and your credit card information are required prior to the onset of treatment.**

I understand that I will be charged for any missed session. My signature below indicates my consent for Dr. Burmeister or her staff to charge my credit card for the amount of a missed session, which is equal to the amount of time reserved for the session.

Signature

Date

_____ Visa _____ Mastercard

Card Number _____

Expiration Date _____

Most clients prefer that all sessions be billed to their credit card account. If this is true for you, please sign below and our office will be happy to draft your account automatically for sessions.

Signature

Date