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**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have a health insurance policy, it will usually provide some coverage for mental health treatment.  While Whole Mind Wellness does not take insurance directly, you are still eligible to receive  reimbursement through your insurance provider. Whole Mind Wellness will email you a Superbill to give  directly to your insurance carrier for reimbursement, sans any co-pay.

The cost of each visit will be paid at the end of every session by the client. It is very important that you  find out exactly what mental health services your insurance policy covers.

You should carefully read the section in your insurance coverage that describes mental health services. If  you have questions about the coverage, it is your responsibility to contact your insurance plan  administrator.

I have read and understand that I am responsible for all fees and it is my responsibility to submit  paperwork to my insurance provider for reimbursement.

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Payment Authorization Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize **Whole Mind Wellness, PLLC,** to charge my credit card listed below after each visit, effective immediately, for the total amount due. In  addition, I authorize **Whole Mind Wellness, PLLC** to save the credit card as “card on file” (without the  card present). This payment authorization is valid and to remain in effect unless I notify Whole Mind  Wellness, PLLC, of its cancellation by phone, email or written correspondence.

My credit card information is as follows:

**Credit Card Type**: VISA Mastercard Discover

Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV:\_\_\_\_\_\_\_\_\_\_\_\_\_ Experation Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_