

Welcome to the Transformation Behavioral Health, LLC

We require all clients with a co-pay, deductible, coinsurance or self-pay, to keep a credit card on file. If you are not using card for initial visit a \$1 reversal charge will be made for credit card validation. Your card will be charged after each date of service unless you prefer to pay cash on service date. Your card will also be charged the amount of \$65.00 for no show or late cancellation fee (less than 48 hrs.) within 24 hrs. of missed appointment. If your card is declined, you will need to replace it immediately or your therapist will have to consider termination of services. Unpaid balance of 2 weeks or more will incur a \$10.00 administrative fee.

Please provide the following information.

Name on Card _____

Email to send receipt _____

Credit Card #: _____

Exp date _____ Code on the back of card _____ Zip Code _____

Your signature gives us authorization to charge your card.

Signature _____ Date _____

Clients Name _____ D.O.B. _____

Information will be securely maintained.