essexcounselingcenter
LLC

Collections Policy

It is the policy of this office with authorizing signature to obtain and maintain on record a valid Credit Card and authorizing signature. This will remain in your confidential file as a guaranteed form of payment and allows me to avoid having to take collection actions against a client. **No charge will be billed to this account unless the owner of the card or client chooses him/herself to use this card to pay for services at the time of session, or the owner fails to reconcile debts according to the signed statement of understanding regarding fees and client responsibilities.** Please be reminded that clients are responsible for payment at the time of session and are responsible for any fees which result from no shows or late cancelations, as per policy.

If you have outstanding balances, I will make three attempts to collect payment. You are responsible for making sure your record shows an updated mailing address at all times and also for signing for any certified mail sent from this office. Failure to keep updated address information or refusing certified mail notifying you of attempts to collect outstanding balances does not exempt you from this collection policy.

If your account is not cleared within 30 days of the last collection attempt, you hereby authorize me to collect any and all outstanding amounts on the credit card listed below. You are also authorizing the release of billing statements showing the validity of the charges to the credit card company should that become necessary. In the event charges are billed to this account, you will be sent a copy of the credit card charge and reconciled bill in the mail within 7-10 business days.

This signed credit card collections policy is for the use only for services rendered by ESSEX COUNSELING CENTER, LLC and/or for fees associated with client's late cancellations or no show for appointments. Your signature below indicate you have read and understand this policy and it has been discussed.

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Signature of Client or Parent
16 years or older

Credit Card Information

Client's Name	Date of Birth
Card Holder Name	
Card Number	☐ American Express ☐ Discover ☐ Mastercard ☐ Visa
Expiration Date	
Security Code (3digits on back of card)	
Billing Address	
Email address – if want emailed receipt	
Card Holder Signature	Date