

CREDIT CARD GUARANTEE

When requested, I am happy to provide receipts with proper codes for insurance claims and/or taxes, however you are responsible for full payment at the time of services. As a convenience to you, I will automatically charge your designated card below on the day of services.

Fees are \$50 (60 min. group session) or \$150 (50 min. individual/family session). Due to the unique nature of group dynamics, it is necessary to commit to the full ten sessions, planned in advance and you will be charged for all ten sessions even if not attended once committed to (barring ER/hospitalization/contagious illness with doctor's note). Please indicate whether you would like the **10% discount** by pre-paying all ten sessions in advance _____(check & initial)
Or if you prefer the card be charged \$50 at each session _____(check & initial)

I agree to the above terms and authorize you to charge my card.

SIGNATURE

DATE

CREDIT CARD: VISA MC DISCOVER

CARDHOLDER'S NAME _____

BILLING ADDRESS _____

CARD # _____ EXP. DATE _____

THREE DIGIT CID NUMBER _____

Please complete information above and fax back at your earliest convenience!

Thank you!

Warmly,

Barbara M. Coffee, Ph.D, ABD, LMFT

Licensed Marriage & Family Therapist

Professional Success Coach

Offices: Winter Park & Orlando

Tel/Fax: 407-644-4-911 or Scan: DocBarbaraCoffee@gmail.com