TRUST 2 BELIEVE | SOGOL PHILIPSON, LCSW

Payment Method & Card-on-File Authorization

DRAFT — FOR CLINICIAN AND CALIFORNIA LEGAL/COMPLIANCE REVIEW

LCSW #66853 | 4199 Campus Drive, Suite 550, Irvine, CA 92612 | Telehealth only

Payment method

I authorize Trust 2 Believe to charge my payment method held with its approved payment processor for services I receive and for applicable cancellation or no-show fees that have been disclosed to me in advance.

Fees and disputes

Standard individual session fee: $150. Cancellation notice: 24 hours. Specific late-cancellation/no-show charge: $_____ [PRACTICE MUST COMPLETE]. I may request a receipt and raise billing questions using the practice contact information.

Security

Do not write a complete card number or CVV on this form. Card details should be entered directly into a secure payment processor or approved client portal. This authorization does not authorize charges beyond the agreed fee policy.

Revocation

I may revoke authorization for future automatic charges by written notice, subject to payment obligations already incurred. The practice will provide an alternative payment arrangement where available.

Client name: _____ Date: _____

Client signature: _____ Date: _____