Behavioral
Health Services of Atlanta

Consent for Payment

Client Name: _____

Name on Card if different than client: _____

I authorize Behavioral Health Services of Atlanta/Anthea Johnson, LPC to charge my credit/debit/health account card for professional services through the Ivy Pay System. Anthea Johnson, LPC will charge my card a $25 fee for late cancellations or no shows. Late cancellations are classified as any appointment that has not been cancelled or reschedule 24 hours prior to appointment.

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Fee Per Session:_____

Signature: _____

Initials: _____

Date: _____

Staff Signature_____