



## **Credit Card Charge Authorization**

Roots & Wings Consulting accepts cash, checks, and IvyPay (secure credit card processing) for services rendered. Unless otherwise arranged, payment or co-pays for sessions are due at the time of the session.

When paying with a credit, debit, FSA, or HSA card, Roots & Wings requests that you use the Ivy Pay system.

### **About Ivy Pay**

Ivy Pay is a HIPAA-secure, PCI-protected payment service that allows you to pay your therapist by saving a credit, debit, HSA or FSA card on-file. Once you've added your card to Ivy Pay once, charges can be quickly and easily processed.

### **Safety & Security**

Ivy uses advanced security systems and data encryption to protect both clients and therapists, as well as safeguard against unauthorized transactions and access to personal or financial information. Information is encrypted, stored and protected on secure servers. Industry standard SSL encryption is active on every page of the Ivy Pay system. This is the same encryption technology used by banks and brokerages to safeguard financial information.

Roots & Wings will use Ivy Pay to charge your card under the circumstance listed below. Please initial each line to indicate your understanding and agreement:

1. \_\_\_\_\_ At the end of each session for your agreed upon session fee or co-pay
2. \_\_\_\_\_ A \$50 fee will be charged whenever appointments are cancelled with less than 24 hours' notice, or when you no show for an appointment
3. \_\_\_\_\_ If we are billing your insurance company and the claim is denied, or an Explanation of Benefits is returned letting us know that you have a copay, deductible, or share of cost that must be met that wasn't charged at the time of the session.
4. \_\_\_\_\_ When you have a past due account balance and are not meeting the terms of the agreement to pay the balance.

When we are charging your card through IvyPay for #3 or #4 above, we will notify you by email of our intent to charge the card on a certain date, typically two weeks from the date of the email. You may respond authorizing immediate payment or respond requesting to make arrangements for another payment option. If we do not hear from you by the date in the email, or are unable to make an agreeable payment arrangement, we will charge your card on the day listed in the email.

Please note that in the case of couples therapy, children's therapy, family therapy, when you're paying for someone else's services, or other similar circumstances, the person whose card is on file does not need to be present for the session or give permission at each session for the card to be charged. If you want to be charged only for sessions you're present for or that you approve in advance, please make arrangements with the therapist.

If a credit card payment is declined, alternative payment must be made before the next session.

My signature below indicates that I agree to make secure credit, debit, FSA, or HSA card payments to my therapist using the IvyPay system.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date