Integrated Billing & Credit Card Authorization

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NEW CHAPTER MENTAL HEALTH COUNSELING, PLLC — INTEGRATED FINANCIAL POLICIES

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1. AUTHORIZATION OF CHARGES VIA STRIPE

I authorize New Chapter Mental Health Counseling, PLLC to securely store my credit, debit, or HSA/FSA card data and automatically bill my account through the Stripe payment processing engine inside SimplePractice for all professional services rendered. I recognize that transactional descriptions on my financial statement or bank ledger will display under the generalized business name "Professional Services" to protect my personal privacy.

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2. BINDING CANCELLATION, LATE POLICY, & CLIENT GRACE PROVISIONS

• Standard Notice Window: All appointment cancellations or rescheduling requests must be formally submitted via the client portal, text/email, or voicemail at least twenty-four (24) hours prior to the scheduled session start time.

• Missed Session Fee: Except as outlined in the Client Grace Provision below, if I fail to provide a full 24-hour notice, or if I do not log into a video consultation within ten (10) minutes of the scheduled start time, I authorize the practice to automatically charge my stored card the full market value session fee of $130.00 regardless of session duration. I understand that if I was referred through Open Path Collective, I will be charged the agreed upon sliding scale fee instead..

• Reschedule Grace: If a mutual alternate session opening is identified, scheduled, and successfully completed within the exact same calendar week (Monday through Friday), the standard late fee will be waived at the sole clinical discretion of the therapist.

• COMPASSIONATE CLIENT GRACE PROVISION ("FREEBIE" POLICY):

To accommodate unexpected emergencies, sudden illness, or unavoidable life disruptions, this practice grants every active client one (1) automated late-cancellation/no-show fee waiver every four (4) consecutive months of continuous treatment (up to a maximum of three waived fees per rolling 12-month calendar year).

1. The first late cancellation or no-show within a 4-month tracking window will be processed automatically at $0.00.

2. Any subsequent late cancellations or no-shows within that same 4-month window will be billed at the full $130.00 market rate, regardless of the underlying reason.

3. Unused waivers do not roll over or accumulate.

• COMMERCIAL INSURANCE & OUT-OF-NETWORK DISCLAIMER: I explicitly understand that commercial healthcare insurance plans, corporate entities, Medicaid, and out-of-network super-bill frameworks strictly prohibit reimbursement for missed, late-canceled, or waived appointments. All late-fee balances remain 100% my private financial responsibility.

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3. FINANCIAL DISPUTE & BOUNCED CHECK PROTOCOLS

• Chargeback Waiver: I certify that I am the authorized account holder and explicitly waive my right to file a financial chargeback or dispute with my credit card company or banking institution for any valid late cancellation or no-show fee that corresponds strictly to these terms.

• Special Handling Fee: I agree to pay a mandatory $10.00 processing service charge for any physical check returned for insufficient funds or special handling.

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4. TERMINATION & MODIFICATION OF AUTHORIZATION

This financial authorization remains fully active and legally binding until I submit a formal revocation request to Daniel Hoefling, New Chapter Mental Health Counseling, PLLC in writing. I agree to provide prompt notice via my secure client portal of any modifications to my card expiration dates, billing addresses, or primary account numbers.

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BY EXECUTING MY ELECTRONIC SIGNATURE BELOW, I CERTIFY THAT I HAVE READ, UNDERSTOOD,

AND ASSUME FULL FINANCIAL RESPONSIBILITY FOR THE SERVICE FEES AND POLICIES LISTED.

Client Full Printed Name: _____

Client Signature: _____ **Date:** _____