MPG Credit/Debit Card Payment Consent

Please note: By scheduling an appointment, intake, evaluation, or group session with Manhattan Psychology Group (MPG), you consent to your card being charged at the time of scheduling or at the time of service, as required by MPG's policies. Payments made to reserve an appointment or group spot are non-refundable, except in cases of administrative error. If you have any concerns about a charge or need to update payment arrangements, please contact the administrator you have been working with before disputing the charge so we can address the issue promptly.

Patient First and Last Name: _____
Date of Birth: _____
Cardholder's First and Last Name: _____

Card Type:
☑ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ Other: _____

Card Number: _____
Expiration Date (MM/YY): _____
If filling out this form on a phone, please double-check that the autofilled date is correct for your card to prevent processing delays.
Security Code (CVV): _____
Cardholder's Billing Zip Code: _____

By signing below, I authorize Manhattan Psychology Group (MPG) to charge my credit, debit, or HSA/FSA card for professional services rendered.

Please review and acknowledge the following policies by checking each item and initialing and dating at the bottom.

1. **I authorize MPG to charge my card for services rendered.**

2. **I understand that if I do not attend my appointment or cancel within 24 hours, MPG will charge the full session rate as a late cancellation or no-show fee.**

3. **I verify that the above credit card information is accurate to the best of my knowledge. I understand I am responsible for the full balance if the payment is declined, inaccurate, or flagged as fraudulent.**

4. **I understand that if no payment has been made and no alternate arrangements are in place within 30 days, my balance may be sent to collections.**

Acknowledgment

Cardholder Name: _____
Date: _____