

**David E. Briggs, LCPC**

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**Cancellation Policy and Credit Card Authorization Form**

A 24-hour notice is required for any non-emergency cancelled appointments. Therapy appointments must be cancelled or rescheduled 24 hours before the scheduled date and time. Any same-day, non-emergency cancellations or no-shows are subject to a cancellation fee of \$75.00. For such purposes, your signature and a credit card is required to be on file.

Type of Card (check one):  Visa     MasterCard     Discover     American Express

- 1. Name on Card (please print) \_\_\_\_\_
- 2. Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 3. Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 4. CVC # (3 digit code on back) \_\_\_\_\_
- 5. Billing Address: \_\_\_\_\_ Apt. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_
- 6. Email address for charge receipt \_\_\_\_\_

By my signature below, I certify that I understand that this credit card information is to remain on secure file with David E. Briggs, LCPC until the termination of treatment. All treatment charges will be billed with this credit card unless I request otherwise.

- I authorize David E. Briggs, LCPC to charge my credit card \$75.00 if I do not cancel or reschedule my appointment with 24 hour notice.
- I authorize David E. Briggs, LCPC to charge my credit card the full therapy fee, my insurance co-pay fee, and/or amounts not paid by insurance due to unmet deductible and patient responsibility fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_