

**NeuroPsychological Institute, P.A.**  
**Shawna Freshwater, Ph.D.**  
**SpaciousTherapy.com**  
**Electronic Payment Authorization Form**  
**IVY Pay**  
**encrypted credit card processing**

I, \_\_\_\_\_ (“Cardholder”) agree to pay Dr. Shawna Freshwater/ Neuropsychological Institute, P.A / Spacious Therapy \$250.00 for each 45-minute therapy appointment, or \$300.00 for 60-minute therapy appointment, and an additional \$75.00 for each add-on time interval of 15-minute increments with \_\_\_\_\_ (“patient”), the frequency of services will be determined by Dr. Freshwater and patient.

Cardholder has previously made at least one payment through IVY PAY reader and selected the option to store credit card number in encrypted IVY PAY (referenced below) to be used for future payments. Cardholder authorizes Dr. Shawna Freshwater to charge this credit card automatically for all future payments for scheduled appointments with patient and for any unpaid invoices with patient. This authorization does not release or modify patient’s obligation to pay all outstanding amounts \$ due, or prevent from accepting or requiring other forms of payment. This authorization shall remain in force until withdrawn in writing by cardholder. Cardholder agrees to notify Dr. Freshwater of update credit card information upon request if credit card expires or is invalid.

Cardholder has read, understands, and agrees to be bound by all of the terms of Agreement for Professional Services, or Psychological Services between Dr. Shawna Freshwater and Patient, including the provisions regarding billing and payments, appointment cancellation and no show fees, and dispute resolution. Cardholder has also read and understands Dr. Shawna Freshwater’s Notice of Privacy Practices.

**Patient Name:** \_\_\_\_\_

**Patient signature** \_\_\_\_\_

**Credit/Debit Card Information to be stored in IVY Pay :**

**LAST FOUR DIGITS OF CREDIT CARD Number:** \_\_\_\_\_ **CVC:** \_ \_ \_ \_

**Expiration Date:** \_\_\_\_/\_\_\_\_

**Card Holder Information:**

Please indicate the name and complete address associated with this debit or credit card you wish to use for payment via IVY Pay credit card processing encrypted services.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ ZipCode \_\_\_\_\_

Signature of Authorized card holder:

\_\_\_\_\_  
Date: \_\_\_\_\_