Avers & Biddle Counseling Associates LLC
1681 Crown Avenue Suite 10 Lancaster, PA 17601
PHONE (717) 208-6686 FAX (717) 208-6687

Credit/Debit Card Authorization

If you are using your insurance benefits, Avers and Biddle Counseling Associates LLC., requires the patient portion of the first session be paid by credit – Visa or Master Card. This is due to the high incidence of unreported deductibles and the fact that insurance may not cover certain services such as Marriage Counseling, Family Counseling, Hypnotherapy, and sessions lasting longer than 45 or 60 minutes.

By paying via credit card, you acknowledge that this credit card information will be automatically kept on file via PCI-compliant encrypted code with the following credit card processor: International Bancard. Health Savings Account cards may also be kept on file as the primary form of payment but must still have a back-up credit card on file in case HSA funds are depleted.

You further agree and understand that if insurance does not pay the contracted rate for services, any remaining balance due that is the legal patient responsibility will be charged to this Health Savings Card or Credit Card on file. This amount typically includes co-pays, co-insurance, and deductibles that have not yet been met or were quoted incorrectly by the insurance company.

Avers and Biddle Counseling Associates LLC. will provide you access to the TherapyAppointment patient portal where you can view your statements. Clicking on the payment line will allow you to view or print the receipt.

By signing my name below, I authorize Avers and Biddle Counseling Associates LLC, to keep my credit card on file and to charge my credit card an amount not to exceed $100.00. I have the right to request my credit card to be removed via written or verbal request.

Fees for Cancelled and Missed Sessions:
As a result of medical necessity, attendance at sessions is closely monitored by your therapist. When an appointment is scheduled, that time is set aside for you. Therefore, if your appointment is missed or cancelled without 24 hours notice, you will be charged for the missed session. The fee for this is $75 and will be charged to your card the day of the missed appointment.

In an emergency, your therapist MAY adjust the fee. Please note that most insurance carriers do not cover fees for missed appointments. Multiple unattended sessions may be a reason for medical discharge from therapy.

This Authorization Expires 6 Months From The Date Of Our Final Therapy Session

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Client Name - Relationship to Client Client Signature Date

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Witness Name Witness Signature Date

Updated 9/2026