Today's Date: _____ Creative Therapy Associates, LLC

Clients Authorized to Receive Services Paid for by this Credit Card (Guarantor's Initials Required):

_____ _____

_____ _____

CREDIT CARD AUTHORIZATION FORM

This form provides authorization for Creative Therapy Associates, LLC to make charges to the undersigned's credit card for payment of psychotherapy services and/or associated expenses at the time of service. We accept VISA, MasterCard, American Express, or Discover cards for payment of services.

Cancellation Policy Reminder: We ask for 24 hours notice if you find you cannot make your appointment. Cancellations with less than 24 hours notice and missed appointments will be billed for the treatment session missed and the invoice will reflect that charge appropriately. Exceptions to the cancellation policy will be made for clients who are ill upon awakening only if notice is received by 9am. Therefore, please call and leave a message at the office first thing in the morning if you or a family member is sick. If a sick call is received right before the appointment and cancelled, a charge will be incurred for a missed session. Phone conversations with therapists will be billed in quarter hour increments starting after the first 15 minutes.

By signing below you confirm that you fully understand that health insurance policies and reimbursement are between you and your health insurance company, that all services rendered are charged directly to you, and that you are personally responsible for payment to Creative Therapy Associates, LLC, and that this responsibility is not related to potential health insurance coverage or reimbursement.

(PLEASE PRINT)

CREDIT CARD NUMBER ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

EXPIRATION DATE _____

TYPE OF CREDIT CARD ☐ Visa/MasterCard ☐ American Express ☐ Discover

SIGNATURE OF CARDHOLDER _____

NAME ON THE CARD _____
(Guarantor) (AS IT APPEARS ON THE CARD)

BILLING ADDRESS _____

ZIP CODE _____
(OF BILLING ADDRESS)

THERAPIST(S) _____

_____

_____

This agreement will remain in effect and my card will be charged for services until this agreement is cancelled in writing or services are completed.