

Chris King Counseling Services, LLC Authorization for Credit Card Use

All information will remain confidential

Prior to receiving services, our office requests that you provide a credit card to have on file. This information will be used to reserve appointments and ensure payment in the event that reimbursement is not made by an insurance company or otherwise. It may also be used for appointments canceled with less than 24 hours notice, because these are not covered by insurance, and it may be used for insurance copays and deductibles.

Name as it appears on the card: _____

Billing Address: _____ ZIP CODE _____

Phone Number where you can be reached: _____

Email Address to send receipt: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx _____ Flex Pay

Credit Card Number: _____

Expiration Date: _____

CCV: _____ (last 3 or 4 digits located on the back of the credit card)

I authorize **CHRIS KING COUNSELING SERVICES, LLC** to charge my credit card for fees related to rendered services. These fees include: copays/co-insurances, deductibles, services not covered by my insurance, and/or self-pay fees. **I understand that I will be able to provide payment through the method of my choice on any current balances**, however, any outstanding balances that are past due 30 days will be charged to the credit card on file, unless other arrangements have been made.

This authorization is valid until I provide Chris King Counseling Services, LLC, with a written notice of cancelation.

Cardholder

Signature: _____ Date: _____

Print Name: _____

Witness: _____ Date: _____