

## Credit Card Authorization

Perspectives Therapy Services LLC uses an integrated electronic medical record-keeping system for client charts and billing. This form serves as an authorization to input your credit card information into our secure system and charge it when a balance on your account exists.

The following are examples of charges that we would run on your credit card: co-payments, deductibles, document preparation/report-writing fees, costs for attendance at collaboration meetings, late cancel and no-show fees and returned check fees.

Should you choose not to pay for charges with a credit card, you may also pay using cash or check.

Type of Card (check one):       MASTERCARD                       VISA                       AMERICAN EXPRESS

Type of Card (circle one):                      CREDIT                      or                      DEBIT

Name of Cardholder: \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ CVV2 (security code): \_\_\_\_\_

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client name (printed): \_\_\_\_\_

Therapist's name: \_\_\_\_\_