

CREDIT CARD TRANSACTIONS FORM

Client's Name: _____

Name on card (if different): _____

Amount to be Charged:

Copay/Co-insurance amount: _____

Full session amounts are charged the same day for all missed, late canceled, or late arrival appointments

Personal Card Number: _____

Security Number: _____

Expiration Date: _____

____ VISA ____ MasterCard ____ DISCOVER ____ AMEX

Billing Address: _____

HSA or FSA Card # if applicable: _____

Security Number: _____

Expiration Date: _____

____ VISA ____ MasterCard ____ DISCOVER ____ AMEX

Billing Address: _____

Receipts available upon request

Payer Signature: _____ Date: _____