

Credit Card Slip: Permission for Processing

Client Name: _____

Name on Card (if not client): _____

Address Zip Code (linked to card): _____

Card to be Charged, per session based on:

Deductible \$ _____ *Coinsurance \$* _____ *Copay \$* _____

Card Type: *VISA* *MASTERCARD* *DISCOVER* *AM. EX*

Card Number: _____

Expiration Date: _____ **CVV Code (on back):** _____

Would you like a copy of the receipt mailed / emailed to you? *Yes* *No*

If yes, to what address/email address, if not on file? _____

 **A Window To Wellness**

By providing my billable information and my signature, I approve, A Window to Wellness LLC, to charge my credit/debit card identified above the designated amount acknowledge for my therapy services with _____.

Signed: _____

Date: _____

Printed: _____
