



*Inspiring Healing and Hope
Counseling and Development Center, LLC*

Credit Card on File Agreement

You are giving Inspiring Healing and Hope Counseling and Development Center, LLC permission to automatically charge your credit card on file for your outstanding balances, no show fee or any other client(s) balances you have listed on this form at time of service.

I authorize Inspiring Healing and Hope Counseling and Development Center, LLC to charge co-pays, no show fee and outstanding balances on my account to the following credit card:

Visa _____ **MasterCard** _____ **Discover** _____

Credit Card Holder's Name: _____ (Please Print)

Credit Card #: _____

Expiration Date: _____ CVV: _____

Co-pays: Co-pays are due at time of the office visit.

No Shows Appointment Fee: \$75.

Outstanding Balance: If your insurance provider has paid their portion of your bill or any other client(s) you have listed on this form and there is still an outstanding balance owed, Inspiring Healing and Hope Counseling will notify you via mail. If the balance owed is paid within 30 days, Inspiring Healing and Hope Counseling, will charge the balance to your credit card. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

This credit card on file is to be used for the following client(s), please print name(s) below: (expires after 1 year)

Client Full Name: _____ DOB: ____/____/____

Client Full Name: _____ DOB: ____/____/____

Client Full Name: _____ DOB: ____/____/____

Multiple Users: This card will only be authorized for the use of the credit card holder, his/her minor(s), or any person(s) listed above. This agreement will expire for multiple users on an annual basis. If continued authorization is requested, another credit card agreement can be issued or a manager can verbally authorize and document the extension of an agreement.

Signature: _____ Date: _____