

CREDIT CARD

{Required for all Patients}

Thomas Kessler Marriage and Family Therapists, Inc. requires that every patient maintain a credit card on file for any outstanding payment due including no-show fees. This form must be submitted at the time of your first appointment and kept up to date.

Authorization form

You		
Name:		
Your Billing Information		
Cardholder Name:		
Street Address:		
City:	State:	ZIP:
Card Number:		
Card Type: MC or VISA	Security Code:	
	Expiration:	
Your Promise		
I will pay for all services at the time they are rendered. I authorize Thomas Kessler Marriage and Family Therapists to charge the above credit card for any outstanding balance for psychotherapy services provided or no-show fees.		
Cardholder Name:		
Cardholder Signature:		Date: