

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:		