

Credit Card Authorization

I _____ (name of card owner) authorize **My Speech Matters PLLC** to charge my credit card a one time fee of \$_____ for an evaluation of Speech Therapy services on _____. In addition, I authorize **My Speech Matters PLLC** to charge my credit card, at the rate of \$_____ for every session taking place after the initial evaluation date. I also promise to adhere to **My Speech Matters PLLC's** \$30 policy regarding missed appointments and cancelling within 24 hours of my appointment time. I guarantee payment for all services rendered with the credit card provided below.

Authorized signature of cardholder _____ Date _____

Printed name of cardholder _____

Card Type: American Express MasterCard Visa

Payment Applied Towards: Copay Deductible Co Insurance

Card Number: _____

Expiration Date: _____

Security Code: _____

Name as it appears on card: _____

Address (where credit card bills are sent):

Credit Card Authorization

I, _____ (name of card owner) authorize My Speech Matters PLLC to charge my credit card a one time fee of \$_____ for an evaluation of Speech Therapy services on _____ in addition, I authorize My Speech Matters PLLC to charge my credit card at the rate of \$_____ for every session (bring please after the initial evaluation date). I also promise to adhere to My Speech Matters PLLC's \$50 policy regarding missed appointments and cancelling within 24 hours of my appointment time. I guarantee payment for all services rendered with the credit card provided below.

Authorized signature of cardholder _____
Date _____

Printed name of cardholder _____

Card Type: _____ American Express _____ MasterCard _____ Visa _____

Payment Applied Towards: _____ Copay _____ Deductible _____ Co Insurance _____

Card Number _____

Expiration Date: _____

Security Code: _____

Name as it appears on card: _____

Address (where credit card bills are sent):

