

CREDIT CARD INFORMATION

Please provide the required information about the credit card you will use to pay any fees for missed appointments or to make payments on your account.

Type of Credit Card: _____ Visa or _____ Master Card

Credit Card Number: _____

3 Digit Security Code on Back of Card: _____ Expiration Date: _____

Name as printed on Card: _____

Billing address for Credit Card: _____

By my signature below, I grant Stacie Crochet, LCSW my permission to charge the account described above for missed session fees.

Signature

Date

CANCELED APPOINTMENTS: Please remember that without a full **48**-hours notice, your credit card will be billed for **full payment** of your missed session. A missed session cannot be billed to insurance. If you do have to cancel an appointment, you may leave a confidential message 24 hours a day, seven days a week at 512-921-5925.