



CREDIT CARDS

All clients are required to have a credit card on file with Fox Bend Counseling in order to receive services. We will only bill your credit card under the following circumstances:

You elect to have your credit card charged once a month for all deductibles, co-pays, co-insurance or arranged fees that have accrued for the previous month.

Signature if you elect this option Date

You elect to have Fox Bend Counseling charge your credit card on file for all balances in full that are past due for 90 days or greater.

Signature if you elect this option Date

Credit Card Information:

Type of Card: Visa MasterCard American Express Discover

Card Holders Name: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Zip Code: _____

Cardholder's Signature Date

Cardholder's Phone Number