

CREDIT CARD AGREEMENT

Due to frequent last minute cancellations and no shows, our office requires each patient to have a Credit Card on file. The information is kept secure and will not be used for purposes other than the fees associated with the services received.

By providing us with your credit card information, you allow Theraspeech, Inc. to charge your credit card. Copay amount will be charged at each session. Private pay will be charged on a weekly basis (on Friday). We reserve the right to charge your account to clear an outstanding balance over 30 days.

*Note that the charge amount will correspond to the copay/deductible determined by your insurance company also listed on the Explanation Of Benefits (aka EOB) statement, or entire session fee, if paying privately.

All CANCELLATIONS less than 3 hours will result in a charged fee of \$35.

All NO SHOWS will result in a charged fee of \$65.

We ask that you notify the front office of any changes made to your CREDIT CARD account. In the event of a declined transaction, you will be asked to provide a new CREDIT CARD number for services to continue. For any questions or concerns regarding charges to your credit card, please contact us within 15 days. Following the 15 days, we will assume that you have accepted the charges. You may ask for a statement or receipt of charges made to your credit card.

I, _____, authorize THERASPEECH INC. to charge my credit card for therapy services provided.

Visa

- Mastercard
- American Express
- HSA card

CREDIT CARD number: _____

Expiration Date: ____ / ____

Security Code or CID#: _____

Billing Zip Code: _____

Name on Card: _____

Billing Address: _____

Email Address: _____

We appreciate your cooperation.

Aleana Carty

Office (561) 689-2147

Email: aleana@theraspeechinc.com

Cardholder Signature: _____ Date: _____