



Wilhelmina M. Shoger, Ph.D.

Licensed Clinical Psychologist

CREDIT CARD AUTHORIZATION

I ask that you fill out this credit card authorization which I will keep in your file. You may pay for your sessions including co-payments, deductibles or any amount that is not covered by your insurance, with whichever method you choose. However, due to the billing system I use, your credit card will be charged automatically for sessions that are cancelled with less than 24-hours notice, missed sessions, and any amount that is not paid within 15 days of receiving an invoice. Any charges will show up on your statement as "A Better Tomorrow: Behavioral Health Care Center, Inc."

By signing this form, I herby authorize A Better Tomorrow: Behavioral Health Care Center, Inc. to charge my credit card for sessions that are cancelled with less than 24-hours notice, missed sessions, and any amount that is 7 days overdue on my account. I may also choose to charge my credit card for the balance due on my account including any co-payments, deductibles, or any amount that is not covered by my insurance. I certify that I am authorized to sign this form.

CREDIT CARD INFORMATION

Credit Card Type: VISA MASTERCARD OTHER

Credit Card No:

CCV:

Exp Date: /

Credit Card Billing Address

Name: _____

(as shown on CREDIT CARD)

Street: _____

City, State Zip: _____

Card Holder's Phone: _____

Cardholder's Signature _____

Printed Name _____

Date _____