



Credit/Debit Card Payment Consent Form

Please re-check your information. Giving incorrect credit/debit card information is considered fraud.

Client Name: _____

Cardholder Name (if different from client): _____

I, _____ (Cardholder Name), authorize Emily McNeil, LPC, R-DMT, EMDR-I/ Jennifer Platt, LPC, R-DMT-EMDR-I/ Debbie Carter, NCC, LPCC/ Eli Moch, LPC, ATR, EMDR-II/ The Mariposa Center for Infant, Child, and Family Enrichment and Colorado Medical Billing, LLC (Medical Billing Service) to charge my card for professional services, NO SHOWS, failure to give 24 hours cancellation notification, and/or late co-payments, deductibles, co-insurance and any other payments not covered by my insurance carrier that is my financial responsibility as the responsible party for the above referenced client account. All charges will also include a \$3.00 convenience fee.

Type of card: _____ Visa _____ MasterCard _____ Discover _____ AMEX _____ FSA/HSA Medical Card (you may only use this card for co-payments, all other charge must be applied to another credit/debit card)

Cr/Debit Card #: _____ - _____ - _____ - _____ CVV Number: _____ Expiration Date _____

FSA/HSA Card #: _____ - _____ - _____ - _____ CVV Number: _____ Expiration Date _____

Name on Card: _____

Billing Address (where card statement is sent):

If I have question about these charges, I agree to contact my provider and if necessary, Jessica Dennis of Colorado Medical Billing, LLC, via email at comedbill@gmail.com. I agree that I will not pursue a refund/credit directly through my credit or debit card company, bank, or financial institution. If any of my actions yield a chargeback for any reason, I agree to pay any and all penalty fee(s) incurred by my provider.

Cardholder's Signature: _____ Date: _____

Charges will read as one of the following: Emily McNeil, LPC, R-DMT/ Jennifer Platt, LPC, R-DMT/ Debbie Carter, MS, MA, NCC/ Eli Moch, LPC, ATR/ The Mariposa Center for Infant, Child, and Family Enrichment or Colorado Medical Billing, LLC.