

Credit Card Authorization Form to Kurt LaRose MSW LCSW LICSW

[www.talkifUwant.com](http://www.talkifUwant.com)

Credit Card Billing Authorization	
<b>Credit card billing authorization is provided to Kurt LaRose MSW LCSW LICSW</b>	
Person Authorizing And the Name on Card:	
Credit Card Type:	Visa [ ]      MasterCard [ ]      Discover [ ]      Amex [ ]  <b>*** PROFESSIONAL/COMPANY CARDS WILL BE CHARGED A \$21.00 USAGE FEE</b>
Issuing Bank:	
Credit Card Number:	(NOTE: Only enter last 4 digits: entire number will be entered into the digital server and encrypted).
Enter CVC (Security Code):	
Expiration Date:	
Billing Address:	
City:	
State:	
Zip/Postal Code:	
Okay to Email Receipts?	[ ] NO (receipts are generated upon payment in the secure digital server of the practice).
Personal Email Address:	
Phone Number:	
Fax Number:	
<b>Please select, with an "X", one of the Following Payment Options:</b>	

[ x ] Bill my credit card for each session\*\* at the appropriate rater per hour, up to and including present and future balances\*\*

\*\*This check ('x') authorizes and enables repeat billing, including no show fees; re-imbursments/adjustments will be made with health insurance payments after EOB's and payments have been made, as explained in all of the Practice Terms and Policies signed elsewhere and incorporated here by reference.

**Card Applicant agrees** with the "authorized signature" below, that all information provided is accurate and complete. **Applicant acknowledges** that services may be terminated at LaRose's discretion if charges are declined or charge-backs are claimed. **Applicant grants authorization** to LaRose to use third party billing agents to process and collect unpaid charges, declined charges, and/or chargebacks. **Applicant agrees** that some protected health information may be released to fulfill the terms of this authorization (information that will be released to charge, bill, or collect includes ONLY: use of services, session attendance and time, and 24 hour non-cancellation fees).

Disputes to amounts invoiced, and any changes and updates to the status of this card should immediately be reported to [Kurt LaRose MSW LCSW and LICSW](#) at FL LOCAL CL: 850-545-2886 and DC LOCAL: 202-816-6915.

\*\*\* If using a company card, please indicate that the undersigned is a duly authorized representative of (company name) \_\_\_\_\_ (additional fees will apply)

Authorized Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Client: \_\_\_\_\_ Date: \_\_\_\_\_

\*Client Signature (necessary in scenarios where a party other than the client is making payments on behalf of the client), acknowledging and granting the release of information to the paying party named herein, regarding attendance/no shows/third party out of pocket fees, associated thereto.