

HUTCHINSON & ASSOCIATES

222 West Gregory, Suite 100

Kansas City, Missouri 64114

(816) 361-0664

CREDIT CARD AGREEMENT

New clients are required to keep a valid credit card number on file. Your therapist will ask for this in your first meeting.

This card may be charged for:

- Regular session fees
- Fees for no-call no-show and cancellation without 24 hours' notice: \$50 per missed session
- Delinquent session fees (fees more than 30 days overdue)

Agreement:

I _____ (print name) have read and understand the terms of providing my credit card to Hutchinson & Associates LLC. I understand that my credit card may be charged for the reasons indicated above.

Please automatically charge my card on file following each service for the deductible/coinsurance/copay due.

(Signature)

(Date)

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> HSA/FSA <input type="checkbox"/> Credit <input type="checkbox"/> Debit <input type="checkbox"/> Other _____
Amount to be charged today:	_____ Therapist: _____
Cardholder Name (as shown on card):	_____
Card Number:	_____ Exp: ____ / ____ CVV: _____
Billing Address:	Street: _____
	City, ST ZIP: _____
Email:	_____ Phone: _____