

Trauma Therapy North Dallas PLLC

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Credit Card Payment Authorization Form

Sign and complete this form to authorize Trauma Therapy North Dallas to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for any charges accrued due to missed appointments or unpaid insurance claims. You understand that a late or missed appointment fee is 100\$ for cancellations given less than 24 hrs in advance. You understand that if you are more than 15 minutes late I cannot bill insurance and you will be responsible for paying for your session. You understand that you are responsible ultimately for your account should insurance not pay your claim. By signing this form you authorize Trauma Therapy North Dallas PLLC to to charge this card for payment for all services and charges accrued on my account when they are due. By using your credit card with Trauma Therapy North Dallas PLLC you are authorizing your card to be charged regardless of the completion of this form for missed appointments or unpaid insurance claims. *Please note it is YOUR responsibility to verify your insurance benefits. We will help you but occasionally my billing person doesn't get back to me until right before your appt. Also, sometimes your mental health is managed by a different company than your medical insurance. Please double check before coming to your first appt! **You are responsible for your account should insurance decide not to pay for any reason.**

Please complete the information below:

I _____ authorize Trauma Therapy North Dallas to charge my credit card

(full name)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CV Security Code: _____

SIGNATURE _____

DATE _____