



Credit Card Billing Record

Accounts with Compass Point Counseling Services may enroll to automatically have account balances billed to your credit card. If you wish to take advantage of this service please complete the lines below.

We will **only** charge services rendered to your card as described below. Your card will **NOT** be charged in the event that you are assessed a charge for canceling within 24 hours of an appointment or for not keeping a scheduled appointment. However, we do ask that you pay these charges in a timely manner.

Please Print Clearly

Client Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security code: \_\_\_\_\_

Circle one:    Visa    MasterCard    Discover    American Express

I understand that I have given Compass Point Counseling Services permission to charge my credit card. I also understand that if my insurance applies any amount to my deductible or denies payment, the full amount of the visit will be billed to my credit card.

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

Print Cardholder Name: \_\_\_\_\_

TO OPT OUT of this option and to make payments on your account while you are in the office, via mail, or phone, please sign the line below and return the blank form to the office.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Client Name: \_\_\_\_\_

