The Arbor Center
Client Billing Authorization

Patient name_____ Date _____

Name on credit card _____

Billing address_____

_____

Card type: ❑ Visa ❑ Mastercard ❑ American Express ❑ Discover

Credit card number _____

Expiration date _____ CCV# _____

Billing Policy

- Your credit or debit card will be charged $50.00 automatically in the event of a missed appointment with no notification and in the case of a delinquent balance.
- I understand and accept all terms regarding this billing policy.
- I give permission for The Arbor Center's therapist to bill my credit card for services rendered.

Signature _____ Date _____