ELECTRONIC PAYMENT AUTHORIZATION

Reasons to use Therapy Partner:

- ✓ Therapists can focus on their services rather than payment which can interfere with the therapeutic process
- ✓ Financial Information is stored securely via the Therapy Partner system rather than payment by check which can be lost or stolen
- ✓ Payments are electronically deducted from your debit or credit card so you never have to worry about making payments on time
- ✓ By signing up with Therapy Partner you will also receive an auto-generated monthly statement to the e-mail address provided
- ✓ Payment by check at time of service will result in an extra 5.00 per session charge for processing

(One time consultations, lectures or psychological testing are excluded from using the Therapy Partner Authorization)

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: **Visa**, **MasterCard** and **Discover**. This information will be securely stored in your clinical file and may be updated upon request at any time by contacting our Billing Manager at 303.756.4924 Ext.2. Please be aware that transactions will appear as "Therapy Partner" on your bank or credit card statement.

Contact Information:

Client Name: _____ Date of Birth: _____

Address: _____ City_____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____

Email: _____

Credit/Debit Card Information:

Card Type (circle one): Visa MasterCard Discover

Card Number: _____

Expiration Date: _____

Account Holder Information:

Please indicate the name and address associated with the credit card or bank account you wish to use.

Name: _____

Address: _____ City_____ State: _____ Zip: _____

_____ _____

Signature of Client or Legal Guardian **Date**

Please return this form to your therapist

FOR OFFICE USE ONLY

Therapist Name: _____

Session Type/Amount: _____

Diagnostic Information: _____