



Kathryn Miller Therapy
22 Parman Place
210-592-8307

www.kathrynmillertherapy.com

Electronic Payment Authorization

There has been a policy change and all patients, including those on the waitlist, will need to give a \$190 deposit. The purpose is to secure the place in line on the waitlist and to safeguard against any violation of the cancellation policy. The deposit will sit in your account and will be reimbursed in full to you upon discontinuation of treatment.

In addition, your credit card information is kept on file and will be used for any miscellaneous charges that are above and beyond the deposit. (Such as any amount not covered by your insurance company at the time of service or after.) You will receive a virtual receipt sent via email for any transactions, including your deposit.

Please see the **Fee Agreement and Financial Policy** for further information.

Please complete the following information. This form will be securely stored in your clinical file and may be updated upon request.

I give my permission to have my card charged if I fail to make a payment or miss an appointment.

Client Name: _____

D.O.B.: _____

Email: _____

Responsible Billing Party (as shown on card/account)

Card #: _____ **Three Digit Code (on back):** _____ **Exp. Date:** _____

Zip Code: _____

Signature: _____ **Date:** _____