Myers Counseling Group Payment Consent Form

Patient Name:_____
Print Last First Middle Initial

Name on Card if Different: _____

I authorize *Myers Counseling Group*, to charge my credit/debit card for professional services as follows:

Initial

_____ This visit only, for the amount of $ _____ .

_____ Recurring charges(charges not covered by insurance including: copays, coinsurance, and\or deductibles), for date(s) of service ____ /____ /____ to____ /____ /____,

Type of Card: G Visa, G MasterCard, G Discover.

Credit Card Number _____ - _____ - _____ - _____,

CVV Number _____ A 3-digit number in reverse italics on the **back** of the credit card

Expiration Date _____

Card Holder's Billing Address for Credit Card Statements

_____
Street *City* *State* *Zip*

Card Holder Signature _____,D ate ____ /_____ /____

Myers Counseling Group
300 Memorial Drive, suite 300
Crystal Lake, IL 60014
(847)263-1269