

7000 E. Belleview Ave.  
Suite 350  
Greenwood Village, CO 80111  
Telephone: 303-513-8975

**Allison Rimland, LPC**

Licensed Professional Counselor

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### Credit Card Authorization

**Client Name** \_\_\_\_\_ **Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **GUARANTOR INFORMATION (Person responsible for the bill):**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/ST/ZIP \_\_\_\_\_  
(If different from patient)

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

You may release information necessary for billing to this person. Yes No

#### **CREDIT CARD AUTHORIZATION:**

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

VISA MasterCard Zip Code \_\_\_\_\_ CRC code \_\_\_\_\_

A scheduled appointment is time that is reserved solely for your therapy. A **minimum** 24-hour cancellation is required to avoid being billed **the full fee** for the session. More than 24-hour notice is always appreciated whenever possible.

I, \_\_\_\_\_, authorize Allison Rimland, LPC - Thrive Family Services, LLC, to use my credit card information to charge my credit card for therapy services and in the event that:

- **An appointment is missed (full fee charged)**
- **An appointment is cancelled less than 24 hours in advance (full fee charged)**
- **A check is returned for any reason (check amount, plus \$35 NSF fee)**

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date