

# Specialized Assessments and Treatment, LLC

## CREDIT CARD GUARANTEE

It is your responsibility for full payment at the time service(s). As a convenience to you, we will automatically charge your designated card below on the day of services unless you make payment via cash, check or credit card.

As your time is reserved specifically for you, we charge a missed appointment fee of 100% of your session fee in the event that you miss an appointment without giving 24 hours notice.

I agree to the above terms and authorize you to charge my card.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

.....

CREDIT CARD:     AMEX     VISA     MC     DISCOVER

CARDHOLDER'S NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CARD# \_\_\_\_\_ EXP. DATE \_\_\_\_\_

THREE DIGIT CID NUMBER \_\_\_\_\_