

BrighterPath Counseling, PLLC
19563 E. Main St. Suite 206-F
Parker, CO 80138

Christina Brown, MA, LPC

Telephone: 720-767-1975

Billing and Credit Card Authorization

Client Name _____ Birth Date ____/____/____

Address _____ Cell Phone _____

GUARANTOR INFORMATION (Person responsible for the bill):

Name _____ Birth Date ____/____/____

Address _____ Cell Phone _____

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

CREDIT CARD AUTHORIZATION:

Name as it appears on Credit Card: _____

Credit Card #: _____ Expiration: ____/____

VISA MasterCard 3-digit Security Code _____ Zip Code Associated with Card: _____

Email Address where you want client receipt sent to: _____

I, _____, authorize Christina Brown, MA, LPC – BrighterPath Counseling, PLLC to use my credit card information to charge my credit card for my counseling sessions and in the event that:

1. An appointment is missed (full session fee charged unless emergency)
2. An appointment is cancelled less than 24 hours in advance (full fee charged unless emergency)
3. A check is returned for any reason (check amount, plus \$35 NSF fee)
4. When a client wants a returned phone call that lasts longer than 10 minutes, counselor will ask client if they would like to continue conversation at the following office session or if they want a full session fee charged.

Card Holder Signature

Date