

**BrighterPath Counseling, PLLC**  
**19563 E. Main St. Suite 206-F**  
**Parker, CO 80138**  
**Telephone: 720-767-1975**

**Christina Brown, MA, LPC**

### **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 actual emergency)
2. An appointment is cancelled less than 24 hours in advance (full fee charged unless actual 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