

## 180 SOUTH BROADWAY, SUITE 405•WHITE PLAINS, NEW YORK 10605 914-570-0134•INFO@OMNIPSYCHOTHERAPY.COM

## **Credit Card Authorization Form**

Omni Psychotherapy, LCSW, P.C. requires that a credit card be kept on file for all clients for payments that may be due. Please complete this form to authorize this office to charge you for each session. Any questions regarding copays, and in- and out-of-network deductibles should be directed to your health insurance carrier. In accordance with office policy, sessions that are cancelled with less than 48 business hours' notice will automatically be charged. By request, a receipt will be provided along with a monthly invoice.

Patient's Name:	
Please check one: VISA AMERICAN EXPRESS	MASTERCARD DISCOVER
	, hereby authorize C. to charge my credit card number
Expiration date Security code Billing Address	
Print Name	
Email address	