

Speech Therapy Plus, pllc.
1421 FM 359, Suite H
Richmond, TX 77406
Phone: (281)-232-1900
Fax: (281)-232-1939

Credit Card Authorization Form

In order for us to process your credit card payment(s), please complete this form.

PATIENT NAME: _____

CARDHOLDER NAME, if different than patient: _____

CARDHOLDER ADDRESS: _____

CARDHOLDER CITY, STATE, ZIP: _____

CARDHOLDER PHONE: _____

Credit Card Type (circle one): **Visa** **Mastercard**

Credit Card Number: _____

Expiration Date: _____

CVS Security Code (3-digit number on back of card) _____

Name as it appears on Credit Card: _____

Statement of Authorization Confidential Information

To: Speech Therapy Plus,

I agree to pay for speech therapy treatments for the above-named patient on each date services are rendered. I agree to pay the amount determined by insurance or the \$70.00 private pay amount per session. Speech Therapy Plus is authorized to charge the cost of therapy services to my credit card as stated.

Cardholder Signature: _____ Date: _____