

Patti Ashley, Ph.D., LPC
6610 Gunpark Drive
Suite 101 A
Boulder, CO 80301
CREDIT CARD PAYMENT

DATE _____

PAYOR NAME _____

PATIENT NAME _____

ADDRESS AND **ZIP CODE**

ACCOUNT# _____ CVV _____

EXP DATE _____

This agreement provides Patti Ashley, Ph.D., LPC permission to charge my charge card as per my timeline, or in the event that I miss a scheduled appointment (I have provided less than 24 hours notice as we have agreed), I authorize payment of that on my credit/ debit card (Visa, MasterCard, Discover, and American Express) with \$5.00 service charge.

Printed Name _____

Signature _____

Date _____