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### CREDIT CARD ON FILE POLICY

Your credit or debit card is kept on file for charges not otherwise covered by your insurance, e.g., deductibles, co-insurance, late cancellation/no-show fees. This policy serves as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which are ultimately your financial responsibility. Your credit card information is kept confidential and secure and payments to your card are processed only in the event your account becomes 90+ past due. Late cancellation fees are charged within 24 hours of the missed appointment.

☐ Visa      ☐ Mastercard      ☐ Discover      ☐ AMEX

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CVC Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I authorize Phase3 Counseling & Consultation PLLC to charge my credit/debit card, indicated above, for balances 90+ days due for services identified as my financial responsibility. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to Phase3 Counseling & Consultation PLLC in writing and the account balance must be zero.

Patient Name (Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_