



1945 S 1100 E Suite 202  
Salt Lake City, UT 84106  
Ph 801-657-0897

### THIRD PARTY PAYMENT FORM

I, \_\_\_\_\_ agree to pay \$110.00 for each no show or late cancellation (less than 24 business-hours notice) for \_\_\_\_\_'s counseling services with the following credit card. I also agree that all copays \$\_\_\_\_\_, Service Fees \*\* and/or remaining deductible payments will be charged to this card. I agree to keep this card on file with Creative Life Counseling for the duration of \_\_\_\_\_'s time with Creative Life Counseling. This information will be destroyed upon termination of services with Creative Life Counseling.

Client Name (print): \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_

Cardholder email: \_\_\_\_\_

CC # \_\_\_\_\_

Exp Date: \_\_\_\_\_

Security/CVV Code: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

You will be notified of all charges via Square receipt (via email). The charges will also be reflected in the quarterly statements that are sent via mail or email (your choice).

*\*Attn: Therapist:*

*Please track charges on the back of this sheet and in your billing spreadsheet.*

*\*\* 18.5% APR on the 31<sup>st</sup> day of non-payment on outstanding account.*

