

Lyme Disease Counseling, LLC

*Brittany Goff, MSW LGSW
15245 Shady Grove Road Rockville, MD 20850
Phone: (240)702-0138 Email: BrittanyGoff@yahoo.com*

CREDIT CARD GUARANTEE

Lyme Disease Counseling, LLC asks that you provide a credit card guarantee in the event that you fail to pay for services or due to a missed or late cancelled appointment fee.

Please make sure you read the cancelation policy. A full session fee is charged if 24 hours notice is not given to cancel/reschedule.

No-show and late cancellation charges will be billed credit card within 24 hours to 30 days of having overdue payment.

PERMISSION TO BILL CREDIT CARD

"I am authorizing Lyme Disease Counseling, LLC to bill my credit card for any outstanding balances or late cancel/ no show fees. I am authorizing Lyme Disease Counseling, LLC to bill my credit card within 24 hours to 30 days after accrued fees, unless a formal written contract/payment plan is documented and agreed up.

"I understand that if for any reason my credit information is incorrect or payments do not process, that Lyme Disease Counseling, LLC will submit overdue fees to a collection agency after 30 days of no repayment plan formally documented/agreed upon. Lyme Disease Counseling will make a good faith effort to try and resolve overdue fees before submitted to collections, based upon the contact information you provide. A 25% increase fee will be added to total amount due if overdue fees have to be recouped by a collection agency"

MasterCard _____ Visa _____ Discover _____
Expiration Date: _____
Card Number: _____ 3-digit code on back of card: _____
Cardholder Name: _____
Cardholder Billing Address and Zip Code: _____

Cardholder Signature: _____

Cardholder Phone Number: _____

Today's Date: _____