

Kelly Bernstein, MS, LCDC, LPC
Alamo Heights Forensic and Individual Therapy
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CREDIT CARD PRE-AUTHORIZATION FORM

I authorize Kelly Bernstein, MS, LCDC, LPC to keep my signature on file to charge fees, or partial fees, to my credit card account for services to

(Print Client Name)

(Print Client Name)

(Print Client Name)

(Print Client Name)

for the balance of charges not to exceed the amount of the full fee as detailed in the “Informed Consent and Information” form and the “Fees and Policies” form, including any fees for missed appointments or cancellations without 48 hours notice.

I agree that:

- I am responsible for the total charges incurred unless other arrangements regarding fees have been made.
- This authorization is valid until cancelled in writing.
- Charges for ongoing services will be posted to my credit card account. The amount charged to my account will depend on use of services and agreement now in effect with Kelly Bernstein, MS, LCDC, LPC.
- If I have any questions or concerns regarding charges applied to my account, I will contact Kelly Bernstein’s office immediately for further assistance.

I agree that:

I will not dispute any charges with my credit card company unless I have already attempted to rectify the situation directly with Kelly Bernstein, MS, LCDC, LPC.

Cardholder Name: (Please Print) _____

Address where statements are mailed: _____

City: _____ State: _____ Zip: _____

Card Type: _____ Card # _____

Expiration Date: _____ Security Code: _____

Cardholder Signature: _____ Date: _____

Email: _____