



kids therapy made simple

## Credit Card Authorization

While Kids Therapy Made Simple accepts payment in the form of Cash, Check or Credit Card, we require all clients to provide a Credit Card that we will store in our HIPPA Compliant, secure Electronic Medical Records. We request that you present your actual card at each session so that we may process your payment at the time of service.

I give permission to Kids Therapy Made Simple to use my credit card information below in order to process payments for Occupational Therapy, Physical Therapy and/or Speech-Language Therapy for my child as well as for Late Cancellation Fees, No Show Fees and any other balances that may have accrued on my child's account.

I understand a credit card must be on file for all clients.

Type of Credit Card:  Visa  M/C  Amex

Name as it appears on Card: \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

By signing below, I authorize Kids Therapy Made Simple to keep a credit card on file for future payments and to charge all balances accrued on my child's account with the information saved. I further understand that if a payment is denied by the credit card on file, I will not be able to schedule any future appointments with Kids Therapy Made Simple until the balance has been paid in full. I am aware that if any of my personal information has changed, I am responsible to notify Kids Therapy Made Simple of the change(s) to ensure they have the most current information to contact me or to process payment accurately.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have reviewed and understand Kids Therapy Made Simple's  
Financial & Office Policies and Notice of Privacy Practices