



kids therapy made simple

Credit Card Authorization

Westside Regional Center and Frank D. Lanterman Regional Center

While Kids Therapy Made Simple understands that your child's treatments will be paid for by either the Westside Regional Center or the Frank D. Lanterman Regional Center, we require all clients to provide a Credit Card that we will store in our HIPPA Compliant, secure Electronic Medical Records.

I give permission to Kids Therapy Made Simple to use my credit card information below in order to process payments for Late Cancellation Fees and No Show Fees.

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