EMBRACE HEALING and WELLNESS THERAPY,LLC
(314) 991- 0100 ext. 735 (office) (636) 344- 0158 (cell)
9666 Olive Blvd., Suite 205
Olivette, MO 63132
1000 Lake St. Louis Blvd. Suite 34
Lake St. Louis MO 63367

METHOD OF PAYMENT
AUTHORIZATION

This form gives Embrace Healing and Wellness Therapy, LLC consent to charge any financial obligations you may be responsible for including co-pays, co-insurances, deductibles, or any unpaid charges that was not covered by insurance, your flexible spending account or health savings account. Please acknowledge this authorization form by completing the requested information below. This information will be kept on file for future payments. ***Please note that you are able to pay via a different method of payment not noted below at any time.*** If you choose to do so, please alert the provider at the beginning of the visit to avoid an automatic charge to the existing payment method on file.

Please keep the provider informed of any changes to the method of payment you have on file (including expiration or cancellation of cards, change in banking, etc).

Type of Card: (Please Check One) Mastercard_____Visa_____Discover_____American Express_____

Type of Card: (Please Check) Debit_____ Credit_____

Card holder's Name:_____

Card #:_____ Expiration Date:_____ CVV:_____

Billing Address: _____ _____
Street City, State, Zip Code

Authorization (Signature):_____ Date:_____

For Health Savings and Flexible Spending Account Holders
(This card can not be used for missed visit charges)

Type of Card: (Please Check One) Mastercard_____Visa_____Discover_____American Express_____

Type of Card: (Please Check) Debit_____ Credit_____

Card holder's Name:_____

Card #:_____ Expiration Date:_____ CVV:_____

Billing Address: _____ _____
Street City, State, Zip Code

Authorization (Signature):_____ Date:_____

By Signing Below, I choose to opt out of the methods of payments above and will pay via cash or check per visit

Client/Guardian Signature:_____ Date:_____