



Credit Card Agreement

I, _____, hereby give Sunnyside Therapy, PLLC, permission to charge the following card for any copayments owed for sessions, or remaining balances due after insurance claims have been submitted and collected. I understand that Sunnyside Therapy PLLC may charge an amount per session up to and no greater than the contracted rate per my insurance company. The rate per session includes my copayment and/or coinsurance amount.

I also give Sunnyside Therapy, PLLC, permission to charge the following card in the event of a missed appointment. A missed appointment is defined as any appointment cancelled within 1 business day for any reason, or any appointment to which I do not arrive. 1 business day is defined as Monday-Friday, 9am to 6pm, no national holidays, no weekends. In event I have to cancel an appointment without proper notice, or I do not arrive for an appointment, Sunnyside Therapy, PLLC, is authorized to charge this debit/credit card the amount equal to 1 session hour, per my contracted insurance rate or our agreed-upon uninsured rate.

My insurance provider is: _____

My rate per session is: _____

Name on Card:	
Card #:	
Expiration date:	
Security code:	
Zip code:	

(Sunnyside Therapy, PLLC, assumes responsibility for the safe and secure storage of this personal credit card information.)

Signature

Date

Printed Name