LEIGH ANNE MEHLDAU, LCSW
Licensed Therapist/Certified Divorce Mediator
CT. License #004726
200 Oak Street, Suite D
Glastonbury, CT 06033
Phone: (860) 558-9595; Fax: (860) 516-4883
Email: therapy@lamehldau.com, Website: lamehldau.com

Credit Card Payment Authorization

Client Name: _____

If you would like charges and fees for services provided by Leigh Anne Mehldau, LCSW, to be applied to your credit/debit card or Flexible Spending Account card, please complete this form in its entirety and return. **Please write clearly**.

Name as Shown on Card: _____

Credit Card: (please circle) VISA Master Card Amex Discover FSA Other:_____

Card Account #: _____

3 Digit Security Code #: _____ (located on back of card)

Expiration Date: _____

*Billing Zip Code: _____ (must be included)

Current Amount to be Charged per Session/Month (i.e. co-payment): $_____ $_____
(Subject to change based on insurance adjustments, changes in coverage, or agreement with provider re: out-of-pocket fees/charges)

- Please be advised that a 3% processing fee will be applied for each transaction.
- Once the transaction has been successfully processed a receipt will be sent to your email address or mobile phone.

Please write your mobile phone number or email address to receive your receipt:

_____

In the event that we need to contact you regarding billing matters and your account, please write the telephone number you would like us to use: _____

Your confidential credit card information will remain on file until the time of treatment termination, upon your request, or when all service charges have been collected in full. Thank you.

Signature Date