



Hampton Wellness Center, PLLC
P.O. Box 543111
Grand Prairie Texas 75054
972-262-5242

5. Payment Consent Form Credit/Debit

Client name:

(Card holder) Name on card if different than client:

Card Type:

Last 4 digits of card number:

Expiration Date :

I authorize Hampton Wellness Center (HWC), PLLC to charge my credit/debit/health account card for professional services 24 hours before our scheduled appointment. If I do not cancel before 24 hours, I recognize that HWC will charge my card as a late cancel or no show if I do not show up for the appointment. I will be billed for the full session charge of \$150 for an initial assessment appointment or \$100 for any follow-up appointments.

I verify that my credit card information, provided above, is accurate to the best of my knowledge. If this information is incorrect or fraudulent or if my payment is declined, I understand that I am responsible for the entire amount owed and any interest or additional costs incurred if denied. I also understand by signing and initialing this form that if no payment has been made by me, my balance will go to collections if another alternative payment is not made within thirty days.

Client Initials:

Card holder Initials (If different than client):

Date: _____

Signature: _____