

The Sunrise Center for Wellness LLC

826 Bustleton Pike

Suite 101B

Feasterville-Treose PA 19053

(215) 399-5691

I request that all clients have a current credit or debit card number on file. This card will only be charged for the following reasons: 1) your copayment (if you so choose) - 2) in the event that you have an outstanding balance on your account that is not met promptly - 3) if you cancel less than 24 hours of your next appointment or do not show up to your scheduled appointment.

Please contact our office manager if you have any questions about this.

Credit Card Information (please print)

Client Name: _____

Name on Card: _____

Card Number: _____

Three/Four Digit Code on front/back of card: _____

Expiration Date: _____

Billing Zip Code: _____

Email (for receipt): _____

I authorize The Sunrise Center for Wellness LLC to bill my credit or debit card in accordance with the terms, both stated above and in the TSCW Informed Consent.

(Signed)

Date
