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Covington, LA 70433
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Credit Card Authorization Form

Theraplay Pediatrics LLC provides the option of paying for services with a credit card. Even if you do not intend to use the credit card, we require this information on file in the event of lack of payment by the client or insurance company. To process charges to your credit card account, the following information is required:

Credit Card Information	
Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex	
Cardholder Name (as shown on card):	
Card Number:	CVV Code:
Expiration Date: (mm/yy):	
Cardholder ZIP Code (from credit card billing address):	
Email for receipt to be sent:	

I, _____, understand that payment is due at the time of service, including treatment expenses not covered by insurance, missed appointments, and co-payments. I will have the option of paying with check, cash or credit card at the time of service. If I have an outstanding balance or a missed appointment, I authorize Theraplay Pediatrics LLC to use this credit card information, or other credit card that has previously been used, as payment for services if I have a balance that is over 30 days past due.