

# Heron Ridge Associates, PLC Credit Card Payment Form

I authorize Heron Ridge Associates, PLC to charge the credit card listed below for charges incurred on the following account(s):

Patient Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- |  |                               |                                     |
|--|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Master Card         | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover   |
| <input type="checkbox"/> Flex Spending Acct. |                               | <input type="checkbox"/> Debit Card |

Name on card): \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Phoned in Payment ( )

( ) *ONE TIME ONLY USE* Amount: \$ \_\_\_\_\_

( ) *PLACE ON FILE*

Any and all services through Heron Ridge Associates PLC: therapist/doctor co-pays, deductibles, accrued balances, paperwork fees, missed appointment/late cancellation charges

Please initial that you have read & accept  
The above potential charges

Signature: \_\_\_\_\_

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_