

# 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: \_\_\_\_\_

- Master Card                       Visa                       Discover  
 Flex Spending Acct.                       Debit Card

Name (as it appears on card): \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Phone Pay't

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

**PLACE ON FILE**

Any and all services through Heron Ridge: 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: \_\_\_\_\_

Please mail:      Receipt       Statement       None, TY