U ARE HEARD, LLC

302 West Main St , Suite 201

Avon CT 06001

Phone: (860) 214-7583

CREDIT CARD PAYMENT AGREEMENT

I agree to allow U ARE HEARD LLC to charge my credit card for the sole purpose of payment for one or more of the following services (please initial the boxes below that apply): □ TeleTherapy Services □ Administrative Fees (ie. Missed appt’s, Letters, etc.)

Name on Card (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date:

Billing Zip Code:

Credit Card #:

Security Code (3 digits):\_\_\_\_\_\_

By signing this form, I permit U ARE HEARD LLC to submit charges through the credit card above. I understand that I can also obtain a separate receipt (superbill) for insurance purposes upon request from U ARE HEARD. I also understand that this document will remain part of my medical/billing record until I request that it be removed.

**Any session that is out of state from where the clinician or coach is, is considered coaching and is not covered under insurance.**

Signature of Cardholder

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