Life in Balance Therapeutic Healing, LLC.

2180 A1A S - Suite 102 – Saint Augustine, FL 32080
Phone: 904.864.6077 Email: info@sarahquigglmhc.com Website: www.sarahquigglmhc.com

Credit Card Use
Consent and Agreement

Provider Name: Sarah Quigg, LMHC

Patient Name: _____

You are required to have a Credit Card on file to ensure timely collection of payment and any open balances. Please Note: there is a 6.00 charge for credit card transactions.

- I agree to be charged for any open balances accrued in my account with Life in Balance Therapeutic Healing, LLC including Cancellations, No-Shows, Late Payments, Bounced Checks, and other stipulations.
- I understand that should my card be declined when running it for my full balance, that Life in Balance Therapeutic Healing, LLC. reserves the right to run the card in smaller installments until the full balance is paid. Further, I understand and agree to a $10 charge per declined payment.

I agree to the terms and conditions above:

X _____ Date: _____

PLEASE PRINT NEATLY
Name as appears on credit card:

_____

Type of Card:
- ○ Visa
- ○ Master Card
- ○ Discover
- ○ Amex
- ○ Other

Security Code:
___ ___ ___
___ ___ ___
___ ___ ___
___ ___ ___
___ ___ ___

Zip Code:
_____

Card #: _____

Expiration Date: _____

E-mail: _____