



Credit Card Payment Form

This form is being used for the following:

- 1) Young adults when parent(s) pay for in person or Teletherapy sessions
- 2) Scheduled ZOOM TeleHealth Sessions.
- 3) Scheduled Phone Visits.
- 4) Client Pre-Approved payments for other services such as Letters, School Meetings, etc.

**All credit card information is stored in a locked, safe cabinet for your protection, and you will receive an Invoice and Health Insurance Claim Form (if applicable via mail, unless otherwise noted.) Please inform CCC of any changes in credit card information.*

Client Name and Date of Birth:

Provider(s) Name:

Credit Card Type (Visa, Mastercard, AMEX, ect.):

Credit Card Number:

Name as it appears on the card:

Security Code: _____ Expiration Date: _____

Zip Code Associated with billing address:

Preferred Email(s) for Telehealth Sessions' Zoom Invitation:
