



Healing Things  
1402 W Mayfield Rd Ste 430  
Arlington TX 76015  
682-706-1056

### 3. Credit Card Authorization

#### HEALING THINGS

##### AUTHORIZATION TO SECURE CREDIT CARD/DEBIT CARD PAYMENT

I authorize Healing Things to process payment on my card on file (i.e., Visa, MasterCard, Discover, etc) for the purposes as noted below:

1. My payment responsibility as designated by our agreement. I understand that I am responsible for my own and/or my child's payment at the time of service or prior to.

Initial 1:

Date 1:

2. Any outstanding balance not received after 30 days of service provided to me by Healing Things (i.e. counseling, telephone consultation, etc.). I further understand that I am responsible for the full payment if Insurance or EAP payment is declined.

Initial 2:

Date 2:

3. Any decline of my card -- I understand that if my card is declined, Healing Things may process my card payment on any day that funds become available. I agree that this authorization extends to any additional card(s) I provide to Healing Things for payment.

Initial 3:

Date 3:



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4. No Show/Late Cancellations -- I understand that I have provided my credit or debit card information to Healing Things. I further understand that my card will be charged the full session fee if I am a no-show for a scheduled appointment and/or failed to provide a 24-hour notice to Healing Things. Healing Things reserves the right to use this policy at their own discretion

Initial 4:

Date 4:

I have read and understand the above, and I attest that the information below is true and accurate.

Electronic Signature:

Date 5:

### **MY CREDIT CARD INFORMATION:**

Cardholder's Name:

Client's Name (if different than Cardholder):

Credit Card Account Number:

Expiration Date:

Security Code:

Credit Card Account Address:

Credit Card Zip Code:

Signature of Card Holder or Authorized Representative (If not my Card on file, I verify by my signature that I am authorized by the Cardholder to use said Credit or Debit Card for the purposes as noted above.):

Note: Charges will appear on your Card as Leena Enterprises LLC. Healing Things is the DBA.

*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.*