

# Building Blocks Therapy Credit Card Authorization

This is not an online form. Please print the form, fill it out and bring it to your next appointment. Thank you!

Child's Name \_\_\_\_\_

## Monthly Credit Card Authorization

We ask for 24 hours notice if you find you cannot make your appointment. Last minute cancellations (i.e.: less than twenty-four hours before the designated appointment) and/or no calls, no shows will be billed for the treatment session missed and the invoice will reflect that information appropriately. Exceptions to the cancellation policy will be made for children who are ill upon awakening only if notice is received by 9 am. Therefore, please call and leave a message at the office first thing in the morning if your child is sick. If you wait until right before the appointment to call and cancel, you will be billed for the missed appointment.

By signing below you confirm that you fully understand that health insurance policies and reimbursement issues are between you and your health insurance company, that all services rendered to your child are charged directly to you, and that you are personally responsible for payment to Building Blocks Therapy and that this responsibility is not related to potential health insurance coverage or reimbursement.

The undersigned authorizes Building Blocks Therapy to make the following charges to their credit card for payment of speech therapy services and/or associated expenses.

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
VISA or MC ONLY

3 DIGIT CODE \_\_\_\_\_ NAME ON THE CARD \_\_\_\_\_ (AS IT APPEARS ON THE CARD)

ADDRESS THE CARD STATEMENTS ARE MAILED TO (BILLING ADDRESS):

\_\_\_\_\_

ZIP CODE of BILLING ADDRESS \_\_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_

DATE \_\_\_\_\_

This information must match the card or it will not process. We request that you notify our office as soon as possible if any of this information changes. This agreement will remain in effect, and your card may be charged monthly, until this agreement is cancelled in writing.

\_\_\_\_\_

Signature

Date

### Virginia Address

450 West Broad Street, Suite 215  
Falls Church, VA 22046  
(703) 533-8819

### DC Address

5125 MacArthur Boulevard, Suite 10  
Washington, DC 20016  
(202) 363-8255

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