

Freedom Family Counseling

Bellair Professional Plaza, 17250 N 43rd Ave. Ste 4, Glendale, Arizona 85308

PAYMENT AGREEMENT

If using HSA, FSA, or Credit Card for payment

For services with Yami Martinez-Lewis, MPH, M.S., LAMFT

Please fill out information below:

Name on Credit Card _____

Card Number _____ 3 digit security code _____

Expiration Date _____ Billing Zip Code of Credit Card _____

Email for send of Receipt _____

I authorize:

Assessment or Consultation fee _____

To keep on file for on going copay or session fee payment _____

I, _____, agree to allow Yami Martinez-Lewis, LAMFT or Freedom Family Accounting Staff to charge the above credit card to be used to settle fees for therapeutic services.

Signature of person authorizing use of credit card

Date
