

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 Tracy Elliott, 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 Tracy Elliott, M.S., 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
