

# Freedom Family Counseling

Bellair Professional Plaza, 17250 N 43<sup>rd</sup> Ave. Ste 4, Glendale, Arizona 85308

## PAYMENT AGREEMENT

**If using HSA, FSA, or Credit Card for payment**

**For services with June Lin-Lee, M.S., M. Ed., 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 June Lin-Lee, 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

\_\_\_\_\_

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