



**CREDIT CARD INFORMATION**  
**(you do not need to complete if you have Medicaid)**

**Outstanding Balances.** Please provide your credit card information below. Creekside Collaborative Therapy will use this information in cases of no-shows or late cancelations. In those situations, your card will be charged the full fee as insurance companies will not pay for missed sessions. In addition, if you would like us to use your credit card for regular session payments, including co-pays, please let your provider know. We also accept cash and checks made out to Creekside Collaborative Therapy.

Name on Credit Card: \_\_\_\_\_

Type of Credit Card: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_

Credit Card Number \_\_\_\_\_

CCV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Your Full Address, including zip code (the mailing address for your Credit Card statements):

\_\_\_\_\_  
\_\_\_\_\_

Please note that we keep your credit card information secure, and that only staff who are involved in billing will have access to your credit card information. If you have any questions regarding payment information provided here please call Christina Chavez-Koontz at 720-638-0811.

Would you like us to use this information for regular co-pays, co-insurance or deductibles? Yes No

By signing below, I understand that my credit card will be charged when I cancel with less than 24 hours notice or when I do not show up for my scheduled appointment:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date