

**Millyan Cabrera, LMHC, RPT, NCC**  
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**ADDENDUM TO INFORMED CONSENT  
AND SERVICE CONTRACT**

**CREDIT / DEBIT / HSA / FSA CARD INFORMATION**

**I (the client) authorize Millyan Cabrera, LMHC to charge my card for any and all fees incurred during treatment, including but not limited to:**

- Office visits
- Insurance copayments, coinsurance, deductibles, denied claims
- \$60 service charge for missed appointment or late cancellation (less than 24 hrs.)
- Any service rendered other than office visit, as outlined in Informed Consent

 **I will be notified of charges to my card.**

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

**Expiration date** \_\_\_\_/\_\_\_\_

**Security Code** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_