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**ADDENDUM TO INFORMED CONSENT  
AND SERVICE CONTRACT**

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

**I (the client) authorize the therapist to charge my card for the following:**

- **Insurance copayments**
- **Charges not reimbursed by insurance**
- **Service charge for late cancellation or appointment not kept**
- **Charge for any service other than office visit**

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

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

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

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

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