

# Payment Consent Form



Name \_\_\_\_\_  
*Print Name as it appears on your card*

Name of client if different \_\_\_\_\_

**I authorize *Lewis Consulting Services, PA*, and *PayPal*, to charge my credit card for:**

- Initial* \_\_\_\_\_ This visit only, for the amount of \$ \_\_\_\_\_
- \_\_\_\_\_ All fees in the next 12 months, beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- \_\_\_\_\_ To charge my card for the balance of fees not paid by my insurance company
- \_\_\_\_\_ I understand the LCS 48 hour cancellation policy and authorize missed appointment fees to be charged to my credit card (required).

Type of Card:  Visa  MasterCard  Discover

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

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CVV Number \_\_\_\_\_  
A 3-digit number in reverse italics on the **back** of the credit card

Card Holder's Billing Address for Credit Card Statements:

\_\_\_\_\_  
*Street City State Zip*

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please note there is a fee imposed by PayPal for processing credit card payments. For this service, \$3 will be added to the amount of every credit card transaction.**

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The date listed on your credit card statement may be different than the actual date of service.

Credit card transactions will appear on your bill as PAYPAL \*LEWISCONSUL.

A receipt for your payment will be emailed to you from PayPal. Thank you.