

Psychological Services & Holistic Health, Inc.

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Credit Card Payment Authorization

I _____ authorize Psychological Services & Holistic Health, Inc. (PsychServes) to charge my credit card for any (co)payments and rendered services that are not covered by insurance¹.

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Re: _____ Name: _____

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¹ PsychServes strives to work on your behalf and bill your insurance for all services. In cases where your insurance does not cover the services for any reason, we'll charge your credit card.