

**Lisa Demos, MA, LCPC**

1 E. Superior St.

Ste.410

Chicago, IL 60611

**Credit Card Payment Form**

I \_\_\_\_\_, hereby authorize Lisa Demos, LCPC to

Charge \$ \_\_\_\_\_ per appointment to my Visa/ Mastercard

# \_\_\_\_\_,

Expiration date \_\_\_\_/\_\_\_\_. Billing address zip code\_\_\_\_\_

If insurance does not cover the incurred charges for attended sessions or you have not cancelled sessions appropriately, then your credit card will be charged accordingly if you have not paid the balance with another form of payment and have not made payment arrangements with Lisa Demos.

Note: There is a 3.25% service fee for each charge.

\_\_\_\_\_

Signature

Date

\*Insurance, if applicable, will be notified and charges will be applied toward you deductible.