



# Comprehensive Counseling Connections, PLLC

## Credit card Authorization Form

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Date: \_\_\_\_\_

I \_\_\_\_\_ authorize Comprehensive Counseling Connections to charge my credit card for services rendered and out-of-pocket expenses, as indicated.

Copay \$ \_\_\_\_\_ USD

Coinsurance % \_\_\_\_\_

A coinsurance is the percentage of the billable rate that you will pay to CCC once you have satisfied your insurance deductible. Until you meet your deductible, your insurance will not pay any benefits; instead, they apply the charge toward your deductible. If you have additional questions about your insurance plan, please contact your carrier.

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Credit Card Type:  Visa  Master Card

Credit Card # \_\_\_\_\_

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

3 Digit Security Code (located on the back of the card) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write below, company use only.

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