

Breakthru Counseling & Consulting, P.C. (BCC)
6340 Sugarloaf Parkway, Suite 200
Duluth, Georgia, 30097
(678) 775-6704
bthru.com

Consent to Charge Credit Debit HSA FSA Card

When I am not present to pay in person at the time of service by Breakthru Counseling & Consulting, P. C. (BCC), please charge fees associated with the following BCC client:

Client Name: _____
Date of Birth: _____

This includes charges for missed sessions not canceled within One (1) Business day of the appointment date.

Visa, MasterCard, AMEX, Discover are accepted by BCC as are Debit cards and most Health Savings Account (HSA) and Flexible Spending Account (FSA) cards.
The type of card I choose from those listed above to pay for psychological services rendered by BCC is:

AMEX Discover MasterCard Visa

My Debit Card My HSA My FSA

Name of Card Holder: _____
(Print clearly)
Date of Birth of Card Holder: _____
Billing Address on Card: Street: _____
City: _____ State: _____ ZIP: _____
Phone number of Card Holder: _____
If using a HSA or FSA, Name of Employer of Card Holder: _____
If using a Debit card, Name of Bank Debit card account is with: _____

By my signature below, I authorize Breakthru Counseling & Consulting, P.C. (BCC) to charge the card I chose above for psychological services rendered to the above-named BCC client. I voluntarily choose and ask that my typed name on the signature line of this document legally represent my electronic signature.

Card holder Signature: _____ Date: _____