

The Present Center for Mindfulness and Healing, LLC

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Credit Card on File Agreement

Thank you for choosing The Present Center for Mindfulness and Healing LLC. We ask that all patients keep an active credit card on file; this may be used to pay for copays, deductibles, and other out-of-pocket expenses including \$75.00 missed session fees when applicable. Your card will be charged after each billable incident. If your card is declined or otherwise no longer active, we ask that you replace it promptly. Feel free to speak with your therapist about any concerns which may arise.

Please provide the following information (please print if possible):

Patient Name: _____

Patient Address: _____

Person Responsible/Name on Card: _____

Card Number: _____

Expiration Date: _____

Security Codes on Back of Card: _____

By signing below, you authorize The Present Center for Mindfulness and Healing LLC to bill the above card for services as outlined above. You may revoke this signature and the authority it confers at any time in writing. Thank you for choosing The Present Center for Mindfulness and Healing LLC.

Signature: _____

Date: _____