

# Strides in Psychotherapy

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## Authorization for Credit Card Use

I \_\_\_\_\_ authorize Strides in Psychotherapy (hereinafter "Strides") to charge money owed to it onto my credit card for treatment rendered to \_\_\_\_\_ (hereinafter "client") under the following conditions:

- 1) If the insurance company or other third party-payer indicates that it paid the client (and/or his/her family) for services rendered, and the client (and/or his/her family), within 14 days of phone, in person, or written request from Strides has not reimbursed Strides for the money owed.
- 2) If the client (and/or his/her family) has not paid the deductible/co-pay/any other fees owed within 14 days of services rendered unless another arrangement has been reached and put in writing between Strides and that client/family.
- 3) Any other reason at the request of the client (and/or his/her family).

I also, by executing the below, am Certifying that the provided credit card is active and able to be used by me for payment of services rendered. In the event that the card is not able to be used by me, I agree to indemnify Strides for any costs and/or damages incurred as a result of said inability.

\_\_\_\_\_  
Type of Card (Visa, Mastercard, etc.)

\_\_\_\_\_  
Card Number

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

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Name of Card Holder

\_\_\_\_\_  
Signature of Card Holder

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

Billing Address of Card Holder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_