intuition
wellness center
LEARN. GROW. THRIVE.

3131 N Country Club Rd, Ste 207
Tucson, AZ 85716
Phone: 520.333.3320
intuitionwellness.com

Credit Card Payment Authorization

This recommended payment option streamlines payments for services at Intuition Wellness Center. Clients have the option to pay for services with cash, check, or via automatic credit card payment at the time of service. Please complete this form to pay for services using your credit card and to authorize Intuition Wellness Center, PLLC to charge your credit card.

CREDIT CARD TYPE: ☐ VISA ☐ MASTER CARD ☐ AMEX ☐ DISCOVER

This credit card is associated with a flexible/health savings or reimbursement account (i.e., HSA, FSA):
☐ YES ☐ NO

CREDIT CARD NUMBER **EXPIRATION DATE** **SECURITY CODE (CV2)**

NAME (as it appears on the credit card) **BILLING ZIP**

I authorize Intuition Wellness Center, PLLC to charge my credit card for payment of services. If Intuition Wellness Center, PLLC is unable to process my payment, I understand that I will be responsible for an alternate payment arrangement.

THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE.

By signing this authorization, I acknowledge that I have read and agree to all of the above information, understand that all expenses will be charged on my behalf and warrant all information provided is true and correct.

I UNDERSTAND THAT MY TYPED NAME BELOW IN THE SIGNATURE LINE REPRESENTS MY ELECTRONIC SIGNATURE.

CLIENT NAME (individual receiving services) **EMAIL** (for receipt)

SIGNATURE (self, parent, guardian, other) **DATE**

SERVICE NAME: (check all that apply) ☐ PSYCHIATRIC CLINICAL SERVICES ☐ COUNSELING

☐ PSYCHOLOGICAL TESTING ☐ OTHER: _____

Administrative Use Only: _____