813-727-0264 • AchesonTherapy@gmail.com • KimberlyAcheson.com
WESTCHASE OFFICE: Elan Wellness Center, 12197 W. Linebaugh Avenue, Tampa, FL 33626

License #10560

Clinical Expertise in Treatment of:
Family/Marital Issues
Disruptive Disorders of Children
Anxiety and Depressive Disorders
Anger Management
PTSD
Crisis Intervention
Grief and Loss

Clinical Therapy
Florida LCSW #10560
LCSW Qualified Supervisor
State Certified Expert Witness
Adoption-Competent Certified

Credit Card Authorization Form

A valid credit or debit card is required to be kept securely on file prior to your intake appointment.
The card on file will only be charged in accordance with this policy or with your authorization for services.

Your appointment time is reserved specifically for you. If you do not attend your scheduled appointment without prior notice (a "no-show"), a $75 no-show fee will be charged to the card on file.

At this time, there is no fee for late cancellations or rescheduled appointments.
The no-show fee is the client's responsibility and cannot be billed to insurance.

Please complete all fields and email AchesonTherapy@gmail.com or text back 813-727-0264 with a photo of this.
You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX
Cardholder Name (as shown on card): _____
Card Number: _____ _____ _____ _____
Expiration Date (mm/yy): _____/_____
Three or Four Digit Security Code (located on back of card typically): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Kimberly Acheson to charge my credit card for any copay, member responsibility, or deductible required from my insurance provider.
I understand that my information will be saved to file for future transactions on my account.

_____ _____
Customer Signature Date