



FOUR ELEMENTS INTEGRATIVE COUNSELING

3681 South Green Road, Suite 406

Beachwood, Ohio 44122

(216) 789-7319

fourelementscounseling.com

As per treatment agreement, a credit card on file will be needed to render services . I authorize Siobhan Malave, LISW-S, to charge the credit card automatically after each service is provided (including no-show and late cancel appointments) as indicated in the signed Outpatient Services Contract.

CARDHOLDER INFORMATION

Name of Patient: _____

Cardholder Name: _____

Address: _____

CARD INFORMATION

Credit Card: _____ - _____ - _____ - _____

Security Code: _____

Expiration : ____/____

___ Am Ex ___ MC ___ Visa ___ Health Savings Card _Debit/Other

Cardholders Authorized Signature

_____ Date