

Dear Clients,

I use a credit card payment system for all of your personal responsibility payments. The credit card system for payments streamlines the process and makes your payments spread out, regular, and seamless.

After an office visit is processed through any insurance you have, I will now just charge your credit card on file for the balance due that is not paid by insurance (i.e., out-of-network deductibles and co-pays).

Please complete the form below with your credit card information, agreement, and signature, and then mail this form back to me: **Shelly Winemiller LLC, 1530 Greenview Dr SW #115, Rochester, MN 55902.**

Thank you,
Shelly

Name on your credit card: _____

Type of card: VISA MasterCard Discover American Express

Card number: _____ - _____ - _____ - _____

Expiration date: ____ / ____ 3-digit CCV code: ____

I agree that Shelly Winemiller, LLC will charge on a recurring basis my personal responsibility payment due for each of the counseling services that I receive.

Signature: _____

Date: _____