



Working Together

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Use of Credit Card Consent

I authorize **Mike Jahn, MA, LMFT** to keep my signature on file and to charge the credit card selected below for the following:

- ☐ Balance remaining after claim (s) is (are) resolved with my insurance company / full session amount if no insurance
- ☐ I authorize charges for the following family members:

(authorized family member)

(authorized family member)

I'll be using my:

- ☐ Visa
- ☐ MasterCard
- ☐ American Express
- ☐ Discover Card
- ☐ Health Savings / Flex Plan

Credit Card Number: _____

Exp. Date: _____

Security Code: _____

Client Name: _____

Full Name on Card: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____

Date: _____

I do not send out invoices or bills. If you would like an invoice, please let me know.