

Aspire Services Group, LLC
Micaela Benavidez, Psy.D., LP
13330 Leopard St., Ste. 5
Corpus Christi TX, 78410
361-443-5871 (phone) 361-288-8409 (fax)
AspireDrB@hushmail.com

AUTHORIZATION FOR CREDIT/DEBIT CARD ON FILE

Dr. Micaela Benavidez, Psy.D., LP requires a credit card from the client be keep on file at Aspire Services Group, LLC. This is **required** to be seen as a client.

The credit card on file **will be charged** in the event of a **No Show or Late Cancellation**.

The credit card on file **will be charged** in the event of any other **balance** incurred by the client. This includes if the client's insurance does not pay for the client's sessions.

Your credit card information will not be shared.

I understand and agree to this policy to have my credit card kept on file and charged in the event of a No Show, No Advanced Notice of Cancellation, or balance on my account.

Print Name: _____

Signature: _____

Date: _____

Credit Card Number: _____

Credit Card Expiration Date and CVV: _____

Staff Signature and Date: _____