Rainbow Resiliency, LLC

CREDIT CARD FORM FOR PAYMENT

This card will be charged for group and/or individual sessions, unless otherwise directed.

Name of client: _____

Individual session cost: _____ Group session cost: _____

Name on card: _____

Email address: _____

Permission to email superbill through Simple Practice: [ ] Yes [ ] No

Card number: _____

Expiration date: _____ Zip Code: _____ CVC Code: _____

Signature on card: _____

I understand that I must give 24-hours notice if I am unable to keep my appointment, or I will be charged the full fee for the missed session. I understand that I can reach my provider, Dr. Kayti Protos, by email at kayti.protos.dsw@gmail.com or by phone/text at 267-563-3310.

_____ _____

Signature Date of Authorization

_____ _____

Signature of Guardian (if under 14) Date of Authorization

Updated 01/21/2022