

***AANE, LLC***

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Phone: 561-316-9761  
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***Financial Agreement & Authorization to Charge Credit Card***

- Fees (\$165) are due at the time of service.
- Any phone conversation over 15 minutes will be charged at a prorated fee of \$165 per hour.
- Any appointments scheduled but not kept, as well as any appointments cancelled within 24 hours of scheduled time, will be charged at the full fee of \$165.

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Billing Address \_\_\_\_\_

Zip Code of CC Billing Address \_\_\_\_\_

Phone Number of Cardholder \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code/CVV \_\_\_\_\_

- I authorize AANE, LLC to charge my card for office charges.
- I understand that if my credit card does not accept the charge, I will immediately make the payment to the practice.
- I understand that I may cancel this authorization at any time, but by doing so, I acknowledge that the balance owing will be due and paid in full.
- I acknowledge that credit card transactions could be linked to Protected Health Information.

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_