Karen Tantillo, MSW, LCSW 5755 North Point Parkway, Suite 249, Alpharetta, Ga 30022 (770) 296-4842

CREDIT CARD PAYMENT RECORD

Card Number:	Expiration Date:					
Credit Card Billing Information:Street Number			Zip Code Se		curity Code	
Security Code on Card (3 or 4 numeric digits):				-		
Client Signature:						
Client Signature:Signature indi	cates that you agree to	allow your therap	ist to make charges	on your card without you p	present.	
Therapist's Name:						
Description of Service	Date of	Date	Amount	Authorization	Recorde	
(e.g., 90847)	Session Session	Posted	Posted	Code	Initials	
					+	
					+	
					+	
					<u> </u>	
					+	
					+	
	1				1	