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CREDIT CARD AGREEMENT

PLEASE READ: Please fill this out if you would like Center for Valued Living, PLLC (“C4VL”) to use a credit card to remit any necessary payments in lieu of using a check or cash. By signing this agreement, you acknowledge and accept the credit card terms and conditions listed on the C4VL.com website. We will use this credit card to pay any balance in full for the client. This includes any balance for copay, coinsurance, deductible, or charges for late cancels or missed sessions. Cards will be charged once claims have been processed. This often takes a minimum of 30-45 days from the date of service but can sometimes take longer depending on the insurance. Please use black ink and write legibly. This form can be faxed directly to Julie Burke @ Flatirons Practice Mgmt, our billing company at 866-715-5418.

Client: _____

Signature of Cardholder only please

Date

Billing Address for Cards:

Phone Number: _____

Type of Card:

Visa Master Card

Card Number: _____/_____/_____/_____

Expiration Date: ____/____ (mm/yyyy)

Security Number on back of Card: _____

Exact Name on Card: _____

Please use the following card as a “backup” for the first, in case it does not allow charges.

Type of Card:

Visa Master Card

Card Number: _____/_____/_____/_____

Expiration Date: ____/____ (mm/yyyy)

Security Number on back of Card: _____

Exact Name on Card: _____