

# Eric Cuestas-Thompson, LCSW, LISAC

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## Personal Guarantee and Credit Card Payment Authorization

Please indicate the form of payment you wish to use for any services rendered through this practice. The following forms of payment are accepted: **Visa, Mastercard, American Express, Discover, Check, and Cash.** This information is securely stored in your clinical file and may be updated upon request at any time. Please be aware that transactions will appear as "Eric Cuestas-Thompson" on your bank or credit card statement.

### Patient Information:

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Credit/Debit Card Information:

Card Type (check one):

Visa     Mastercard     American Express     Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVS: \_\_\_\_\_

### Account Holder Information:

Please indicate the name and address associated with the credit card you wish to use.

Check here if same as Client information above.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby personally guarantee the account for the patient listed above and authorize charges on the my credit cards for services as rendered and other fees association with the account.

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

*Please return this form to Michael Bamba*