

### CREDIT CARD INFORMATION

For your convenience, Cognitive Health Solutions, LLC and Dr. Ray W. Christner accept payment by credit card. If you are interested in paying by credit card, please provide the credit card information below or bring your credit card or check card to your next appointment with your invoice. Your credit card will be billed only for the current invoice. If you are interested in having your credit card billed following future sessions, please discuss this at your next appointment.

**PLEASE PRINT**

**Type of Card:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		

**Credit Card No:**    | | | | | | | | | | | | | | | | | | | | | |

**Expiration Date:**    | |    | |

Month                      Year

**Security Number:**    | | |    | | |

3 Digits on  
Back of Card

**Person's Name on Card:** \_\_\_\_\_

**Address of Card:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Total Amount:**    \$ \_\_\_\_\_    **Invoice Number:**    \_\_\_\_\_

By signing below, I authorize Cognitive Health Solutions, LLC and Dr. Ray W. Christner to charge my credit card for the above recorded amount for previous services rendered.

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_