



# Kipper S. Horton

*Marriage and Family Therapist*

180 West Huffaker Lane, Suite 302, Reno, NV 89511

## PAYMENT CONTRACT

I agree to provide the following credit card information to Mr. Horton for purposes of outstanding balances only, including insurance denials, coverage of missed sessions without 24-hour notification (at 50% of standard rate), and sessions for which another form of payment has not been offered.

**Name** (as appears on card): \_\_\_\_\_

**Card Type** (circle one):    Visa            Mastercard            Discover            American Express

**Card Number:** \_\_\_\_\_                      **Expiration:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Security Code:** \_\_\_\_\_                      **Billing Zip Code:** \_\_\_\_\_

Please email or text receipts to: \_\_\_\_\_

**Payer Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_