Capable Kids of the North Shore

Victoria Abrams-Kelly, OTR/L

Sheila Poteshman, OTR/L

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**CREDIT CARD AUTHORIZATION FORM (REQUIRED)**

The undersigned hereby authorizes Sheila Poteshman, OTR/L or Victoria Kelly, OTR/L to charge the below-referenced credit card for services rendered and any related expenses in accordance with the cardholder agreement. In addition, I understand my credit card will be charged in the event that:

* I have spoken with my therapist and we have decided to move forward using card for payment and co-pays
* Proper cancellation procedures are not followed as noted in the Attendance and Cancellation

Policies for initial evaluations and ongoing therapy sessions:

* A check is returned for insufficient funds or credit card declined (fee of $30.00).
* Late payments over 60 days

At discharge, if an account balance remains, your credit card may be charged for unpaid services to the discharge date.

I, the undersigned, further understand it is my responsibility to inform Sheila Poteshman, OTR/L or Victoria Kelly, OTR/L of any changes to my credit card information including address, zip code, updated expiration dates, account numbers and security codes.

CHOOSE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY SIGNING BELOW, I UNDERSTAND THAT THE ABOVE CARD WILL BE CHARGED FOR ALL PAYMENTS OWED T0 SHEILA POTESHMAN, OTR/L OR VICTORIA KELLY, OTR/L

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_