KATHY RODGERS L.C.P.C.
email: kathyrodgerslcpc@gmail.com
phone: 208.863.5592 // fax: 208.899.4606

I _____ authorize Kathy Rodgers LCPC, to keep a copy of my credit card and charge me prior to my, or my family members appointment. I understand that Kathy Rodgers LCPC will put "signature on file" on the receipt signature line.

☐ Visa ☐ Master Card ☐ Other: Card Number: _____

Exp Date: CV#: Card Holders Zip Code: _____

Signature: Date: _____