

THE LIFEWORKS GROUP, P.A.
214.357.4001 WEFIXBRAINS.COM
3303 Lee Parkway, Suite 102 Dallas, TX 75219
7015 Snider Plaza Drive, Suite 202 Dallas, TX 75205
1208 W. Magnolia Ave, Suite 200 Ft. Worth, TX 76104

GUARANTEE OF PAYMENT

I, _____, hereby authorize
_____ of **LifeWorks Group, PA.**, to
charge the credit card listed below for any balance I accrue that is outstanding
after 60 days of non-payment on past due accounts. I also authorize LifeWorks to charge my
credit card if I miss a scheduled session or cancel within less than 24 hours.

Credit Card Credit Card Number Security Code Ex. Date

Name as it appears on card

Billing Address (please include zip code)

Phone number & email address

Signature

Date

Witness

Date

****If the financial responsible party is different than the client for adult clients**
please complete the following release:

I, _____, give permission for **LifeWorks Group, PA.** and its staff to communicate financial and scheduling and/or attendance information regarding my therapy sessions at LifeWorks Group, PA. with:

Name: _____ Phone number: _____

Signature