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Easy Pay Informed Consent

Please complete and return this easy pay form to Joshua C. Hulen & Associates for when in person transactions are not an option such as for telehealth, no-shows, account balances not covered by insurance, or when payments are covered by a remote party. Full amounts will be automatically charged to your credit card at the scheduled day of service or once a final balance is determined unless other arrangements are made.

Client Name: _____ DOB: _____

I, _____, authorize Joshua C. Hulen & Associates to keep the credit card listed below/signature on file and to charge my account balance. I understand that this authorization will be valid through the expiration of my credit card, unless I cancel this authorization through written notice.

Responsible Party's Signature: _____ Date: _____

Print Name: _____ Relationship to Client: _____

Witness Signature: _____ Date: _____

Credit Card Information

Please select the type of card: Visa MasterCard Discover American Express

Credit Card Number: _____ Exp. Date: _____ CVV#: _____

Name on Card: _____ Zip Code: _____