2564 State St. Carlsbad, CA 92008
(760) 458-1600

Credit Card Authorization Form

Please complete the following information. This form will be securely stored in your clinical file and updated upon request at any time.

In case of late cancellations and/or no shows for scheduled sessions, your credit card will be charged the $50.00 no-show fee including square's 3.5% plus 15 cents manual-transaction processing fee. The total $51.90 will be billed to your credit card. If a balance accrues due to an unmet deductible with your insurance company, an unpaid balance from your insurance, or if a personal check is returned unpaid, your credit card will be charged for the unpaid balance. Additional $35 is assessed for returned checks.

I, _____, am authorizing Jennifer Hill, LPCC, to use my credit card information to charge my credit card in the event that I do not notify her of my inability to attend a scheduled therapy appointment, do not cancel my appointment at least 24 hours in advance, a check is returned for any reason or there is an outstanding balance after 30 days.

Type of Card:
VISA ❒ MasterCard ❒ Discover ❒ American Express ❒
Exp. Date: _____/_____

Name on Card: _____

Card Number: _____-_____-_____
Verification/Security Code (3 digit code on back): _____

Billing Address: _____
City:_____ State: _____ Zip:_____

By signing below I am authorizing Pamela Hollings, LCSW to charge my credit card for scheduled appointments or outstanding balances after 30 days.

Signature:_____ Date:_____