



3200 Tower Oaks Blvd., Suite 200 Rockville, MD 20852 Phone: 301-593-6554 Fax: 301-255-0461
8401 Connecticut Ave., Suite 1120 Chevy Chase, MD 20815 Phone: 301-593-6554 Fax: 301-754-1034

Permission To Use Credit Card

Whenever I am not present to pay in person at the time of service, please **charge fees associated with the following patients**. This includes charges for missed sessions not cancelled within 24 hours of the appointment time. I understand that 2020 summer group session payments must be paid initially for the first 2 weeks, by the date of the first group session, and then weekly thereafter.

Name on Card: _____

VISA/Master/Discover Card (AMEX not accepted)

Enter entire credit card number:

Billing Address on Card:

Street _____

City _____ State _____ Zip _____

Expiration Date of Card: _____

CVC Code on back of card: _____

Cardholder Signature: _____

Date: _____