Vicki Klein, LCSW-C
11140 Rockville Pike, Suite 419
North Bethesda, MD 20852
(301)775-6931

Permission to Use Credit Card

Patient Name:_______________________________

By signing this form, I agree to have my credit card charged for services for the patient listed above at the time of service, including charges for missed sessions that are not cancelled within 24 hours prior to the scheduled appointment

Name on Card: ____________________________

Billing Address:____________________________

____

Card Number:______________________________

Expiration Date:_____________CVV Code:________

Signature:__________________________________

Today's Date:_______________________________