



Julieann Myers

Center for Healthy Change

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CREDIT CARD PROCESSING INFORMATION

Comprehensive Human Services DBA Center For Healthy Change is hereby authorized to charge the following credit card for psychotherapy appointments in the amount shown, and in the event that an appointment is missed and/or cancelled with less than 24 hours notice with:

Dana Davis, LMFT, EMDR Certified, California License Number 42929

PLEASE SIGN AND FAX OR EMAIL THIS FORM TO THE OFFICE AT LEAST 72 HOURS BEFORE YOUR SCHEDULED APPOINTMENT TO RESERVE YOUR APPOINTMENT

Client Name: _____

Telephone Number: _____

Address Associated with Credit Card: _____

City, State, Zip Code: _____

Name on Credit Card: _____

Credit Card #: _____

Expiration Date: _____ Security Code _____ This number can be found either following the credit card number or on the back of the card (3 digits)

Amount: \$190.00 per 50 minute session or \$285.00 per 80 minute session (\$100.00 per 30 minutes)

Please Circle One: **Mastercard** **Visa**

Authorized Signature

Date

***ATTENTION* Please note: charges will be paid to CHSInc on your credit card statement.**

If you would like to receive a receipt each time your card is charged for an appointment, please provide your email address: _____

Refund policy: ALL TRANSACTIONS FINAL