



Vanessa Laughter, Ph.D.
PSYCHOLOGY, INC.

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Credit Card Authorization Form

As a convenience to our patients, we accept MASTERCARD, AMERICAN EXPRESS, DISCOVER, and VISA. You may choose to keep a copy of your credit card on file, to be charged at the time of service in lieu of writing a check.

I, (Print Name) _____ authorize Vanessa Laughter, Ph.D. Psychology Inc. to charge my credit card for services rendered to myself, my family and/or my child. I understand that (a) my credit card information will be kept on file, (b) my credit card account will be charged at the time of service, and (c) by signing this document, I need not present my credit card at each visit. **I further understand that I may terminate this authorization upon no less than 24 hours notice by sending to Vanessa Laughter, Ph.D. Psychology Inc., at the address above, a letter stating that I elect to terminate this automatic authorization.**

I am aware that I will be charged for all appointments, including missed appointments, and those canceled less than 24 hours in advance. I am also aware that other charges may include but are not limited to: evaluations and report writing, school consultation, phone consultation/sessions and consultations with other professionals involved in the treatment.

Patient's name: _____

Billing Address: _____

Home phone: _____

Credit Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: _____ Expiration: _____

3 Digit Security Code (on back of card): _____ Billing Zip Code: _____

I HEREBY AUTHORIZE MY CREDIT CARD TO BE CHARGED FOR SERVICES RENDERED AS STATED ABOVE, BY VANESSA LAUGHTER, PH.D. PSYCHOLOGY INC.

Cardholder's Signature

Date

Cardholder's Printed Name