

Paola Caraker MFT
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Credit Card Authorization:

Please use this credit card in the event of a missed or a late cancelled appointment. I understand I need to give 24 hours notice when canceling to avoid the fee. I understand that the missed/late canceled appointment fee is : \$130 if my regular session is 50-60 minutes or \$160 if my regular session is 75-90 minutes. I authorize Paola Caraker to charge my account for the above mentioned fee when necessary

This card may also be used to pay for any outstanding bill more than 90 days overdue in the event my insurance company does not pay for the services. My signature below authorizes the use of the identified card for the aforementioned circumstances.

Card# _____

Exp date: _____ CVV: _____ Billing Zip Code: _____

Name on card: _____

Signature: _____ Date: _____