



Visa/MasterCard Authorization

The fee for any session canceled or missed without **24** hours prior notice is \$145.00.

I also understand that copays and/or deductibles over 30 days past-due, court fees, letter-writing fees, returned check fees, and telephone consultations over 10 minutes will be charged to this account on same day of service and/or same day account becomes 30 days past-due.

I give Candice Carrasco, LMSW permission to charge my bank card for:

regular ongoing co-payments and deductible costs.

co-payments, deductible or other costs over 30 days in arrears.

late cancellation, no-shows, and NSF fees.

Type of Card **MC** **Visa**

Name on Card: _____

Card No. _____

Expiration Date: __/__/__ Zip Code on billing statement: _____

CVV2: _____ (3-digit number on back of card)

Authorizing Signature: _____

Date: _____