## NICOLE WEISS

## 2180 Garnet Ave Suite 3B San Diego, CA 92109 (619) 318-5012

www.nicolecweiss.com

Please complete th updated upon requ	_		orm wil	l be securely store	ed in your clinical file and may be
I authorize Nicole	Weiss LCSV	V to charge my cred	it/debi	t card for profess	ional services as follows:
Please Initial:					
Recurring c	harges for s	services in the amou	nt of \$_	per visit.	
		that my card will be miss without notice		ed full fee for cand	cellations with less than 24 hours'
					orization in writing. I will not nts I missed according to the
	ent and/or o	do not cancel my app			, am authorizing Nicole Weiss ny inability to attend a scheduled urs in advance as agreed to in the
Charges will appear on your credit card statement as: Counseling Services.					
Card Type (check one):		] Visa MasterCard	American Express		
Name as Printed o	n Card:				
Card #:		Expiration Date:			
Verification/Secur	ity Code (3-	-digit code on back b	y signa	ature line-MC/Vis	sa)
Billing Address:					
(Street, City, State			_		<del></del>
Signature: Date:					Date:
Dates Charged:	Authoriza	tion Code:		Dates Charged:	Authorization Code:
	<u> </u>				