Lawrence V. Tucker, M.D., PLLC

Psychotherapy & Medication Management

CREDIT CARD AUTHORIZATION

Please complete the following information.

I,_____, am authorizing Lawrence V Tucker M.D., PLLC, to charge
(print name)
my credit card for any services rendered as agreed to in the Treatment Consent Form. I also authorize Lawrence V Tucker M.D., PLLC to charge my card in the event I fail to show for a scheduled appointment, or do not give notification of my inability to attend a scheduled appointment at least 48 business hours in advance. Furthermore, for outstanding payments of services rendered, I authorize Lawrence V Tucker M.D., PLLC to charge my credit card for the full amount due. I will not dispute for sessions I have received, or that I have not cancelled less than 48 business hours in advance.

I further authorize Lawrence V Tucker M.D., PLLC to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

Card Type (circle one): Visa____ MasterCard ___ AmEx___

Card #:_____Expiration Date:_____CID/CVV:_____

Name as Printed on Card: _____

Relationship to patient: _____

Billing Address: _____
(Street, City, State & Zip)

Signature: *(client or financially responsible party)*_____Date:_____
*Cancellations must be made at least 24 hours in advance or fee must be paid in full.

This form will be securely stored in your clinical file and may be updated upon request at any time. Please note, your credit card will not be charged unless the following conditions apply: no-show for a scheduled appointment, cancellation less than 48 business hours in advance, or participation in treatment (eg. appointment or phone session) without payment rendered.

4000 MacArthur Blvd. Suite 600 East Tower Newport Beach, CA 92660 Phone: 949-257-4217 Fax: 949-627-8107
Email: info@drlawrencetucker.com website: www.drlawrencetucker.com
http://www.facebook.com/drlawrencetucker
@DrLTucker