

Roberto Olivo, Licensed Marriage & Family Therapist

138 N. Brand Blvd., Suite 300, Glendale 91203

Authorization to charge my credit card

I, _____ (please print), authorize Mr. Roberto J Olivo, Licensed Marriage and Family Therapist to regularly charge payment to my Visa, Master-Card, American Express credit card, my bank's debit card, Discovery Card or any other credit card/ATM card not listed here for the services received from him and/or his mental health business. I authorize Mr. Roberto Olivo, LMFT, to charge my credit card for the total payment of missed appointments, for canceling with less than 24 hours in advance, the balance that is not paid by my medical insurance, or the balance that my health insurance has not been paid within 90 days after the service(s) was (were) received. I also authorize Mr. Roberto Olivo to charge my credit card for checks written with insufficient balance in my checking account to cover the total check plus the additional fees charged by the bank upon returning of the checks returned by the bank. I authorize these charges to my credit card beginning on the following date:

Today's date: _____/_____/_____ (valid for next 12 months) or until I cancel this authorization in writing.

Name on the credit card (Print): _____

My credit card number is: _____

Expiration date: _____ CVD: _____

Zip Code associated with the credit card: _____

If I have any questions about these charges, I agree to contact Mr. Roberto Olivo to clarify these charges to my credit card. Charges to my credit card will be written as medical charges to my credit card. I agree that I will not seek reimbursement directly through my credit card company, bank, or any financial institution. If any of my actions produce a financial charge to Mr. Roberto Olivo, I agree to pay this cost to my mental health provider.

Name (print)

Signature

Date