



Sano Center for Recovery
6272 E PACIFIC COAST HWY STE D
Long Beach, CA 90803
(562) 356-8686

Credit Card Authorization Form For Out Patient Services

Payments for out patient services, not including group are billed on the morning the service is provided. Consistent attendance of each session on a consistent basis is of the utmost importance. If you need to cancel or change your appointment please remember this must be done no later than 72 hours in advance. If you do not notify your therapist within this time frame you will be charged the full agreed upon fee. Please, refer to our cancellation policy in your intake packet.

I, _____, am authorizing Sano Center for Recovery to charge the full agreed upon session fee to the credit card indicated below for services I am attending on the morning of the day for which the services will be provided. I understand I will be charged each morning on the day of my scheduled appointment and further authorize Sano Center For Recovery to charge me in this manner. I understand and agree to abide by the 72-hour cancellation policy of Sano Center For Recovery.

Card Type (circle one): Visa MasterCard American Express Discover

Card Number *Expiration Date* *VV code (3 digits on back)*

Name as Printed on Card *Billing Address* *Billing Zipcode*

I have read the above Fee Agreement document carefully, and I understand it and agree to comply with all its terms and conditions:

Authorized Card Holders Signature *Date*