Dr. Diane Ghiron
731 S Hwy 101 Suite E
Solana Beach, CA 92075
Phone (619) 857-2870

Credit Card Authorization Form

As a convenience to patients, I accept MASTERCARD and VISA. I DO NOT accept American Express.

You may choose to keep a copy of your credit card on file, to be charged at the time of service in lieu of writing a check.

I, (Print Name) ____________________________________ authorize Dr. Diane Ghiron, to charge my credit card for services rendered to myself, my family and/or my child. I understand that (a) my credit card information will be kept on file, (b) my credit card account will be charged at the time of service, and (c) by signing this document, I need not present my credit card at each visit. I further understand that I may terminate this authorization upon no less than 24 hours notice by sending to Dr. Diane Ghiron, at the address above, a letter stating that I elect to terminate this automatic authorization.

Per the practice guidelines given to me by Dr. Diane Ghiron, I am aware that I will be charged for all appointments, including missed appointments, and those canceled less than 24 hours in advance. I am also aware that other charges may include but are not limited to: evaluations and report writing, school consultation, phone consultation/sessions and consultations with other professionals involved in the treatment.

Patient’s name: ____

Cardholder’s name: ____

Billing Address: ____

Billing Zip Code: _____________________

Home phone:_________________________

Credit Card (please circle one): VISA MASTERCARD
**please note: I DO NOT accept AMERICAN EXPRESS

Card Number:_____________________________________ Expiration: _______________
3 Digit Security Code (on back of card):_______________

I HEREBY AUTHORIZE MY CREDIT CARD TO BE CHARGED FOR SERVICES RENDERED AS STATED ABOVE, AND AS OUTLINED IN THE PRACTICE GUIDELINES GIVEN TO ME BY Dr. Diane Ghiron. I understand that charges will appear on my credit card statement in the name of Dr. Diane Ghiron.

____________________________________ ___________________
Cardholder’s Signature Date

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Printed Name