

Nick Weiss, MD PLLC  
2719 E Madison St, Suite 300  
Seattle WA 98112

I hereby authorize Dr. Nicholas Weiss to charge for regular appointments, copayments, coinsurance, missed appointments, appointments cancelled with less than 48 hours' notice, and telephone calls to the following account:

\_\_\_\_\_  
NAME ON CARD

MASTERCARD       VISA       AMERICAN EXPRESS       DISCOVER

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_ / \_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CVV NUMBER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

EMAIL ADDRESS of CARDHOLDER \_\_\_\_\_

I understand that missed appointments and appointments canceled with less than 48 hours' notice will be charged on the day of the scheduled session in the amount of \$150, and that telephone calls will be logged and charged as a single fee (\$50 per 20 minutes) at the end of each month. I understand that my credit card will be charged under these circumstances by manual entry of my account number (without swiping the card) through Square, Inc. in a secure online transaction. An electronic receipt will be sent to the email address of the card holder.

This authorization applies only to be above special circumstances. Any other charges to my account must be separately authorized.

\_\_\_\_\_  
NAME OF CARDHOLDER

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

\_\_\_\_\_  
DATE