Yanira M. Olaya M.D., Inc.
Board Certified in General and Forensic Psychiatry
836 Prospect Street, Suite 101
La Jolla, CA 92037
T. 619-717-8888 F. 619-717-8833

CREDIT CARD AUTHORIZATION

Please complete the following information.

I, ___________________________________, am authorizing Yanira Olaya M.D., Inc. to charge my

(print name)

credit card in the event that 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, as agreed to in the Treatment Consent Form. Furthermore, for outstanding payments of services rendered, I authorize Yanira Olaya M.D., Inc. 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 Yanira Olaya M.D., Inc. to disclose information about my attendance/cancellation to my credit card company if I dispute a charge.

Card Type: _____Visa _____Mastercard

Card #: ___________________________________ Expiration Date: __________ 3-digit code:________

Name as Printed on Card: ____

Billing Address: ____

(*Street, City, State & Zip*)

Signature: ____ Date: ________________________

(*Client or financially responsible party*)

Please note that 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

***participation in treatment (eg. Appointment or phone session) without payment rendered.