Alexandra M. Chiara, Ph.D. Clinical Psychologist

1001 Dove Street Suite 140 Newport Beach, CA 92660 License PSY20007 NPI 1528166808 (949) 300-4727

Credit Card Authorization Form

Clients choosing to pay for services by credit card should provide the following information:

Name (as it appears on card)		
Card Number		
Security Code		
Expiration Date		
Billing Address		
Email Address (for receipts)		
	ara to bill the above credit card for services pro (\$50) or full session fees for no-shows.	vided, in
Signature of Client	Da	ate
Alexandra Chiara, PhD	Da	 ate