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## PERMISSION TO USE CREDIT CARD

Whenever check/cash payment is not provided at the time of service, please charge fees associated with the following patients. \*This includes charges for missed sessions not canceled within 24 hours.

Name on Card: \_\_\_\_\_

Visa/Mastercard (AMEX and Discover not accepted)

Enter entire credit card number: \_\_\_\_\_

Billing Address on Card:

\_\_\_\_\_  
Street Address/Apt or Suite #

\_\_\_\_\_  
City State Zip Code

Expiration Date of Card: \_\_\_\_\_

CVC Code on back of card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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