



## San Diego Kids First

Deborah Pontillo, Ph.D.  
PSY #18934

12625 High Bluff Drive, #105  
San Diego, CA 92130  
www.sdkidsfirst.com

Phone (858) 692-4187

### Credit Card Authorization Form

As a convenience to my patients, San Diego Kids First accepts MASTERCARD , VISA, AMERICAN EXPRESS, AND DISCOVER cards. These credit card charges are processed via an online processing company such as 'Stripe' or 'Square Up'. These charges will be processed on your provider's laptop, tablet, or mobile device. 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 San Diego Kids First 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 San Diego Kids First, at the address above, a letter stating that I elect to terminate this automatic authorization.

Per the practice guidelines given to me by San Diego Kids First I am aware that I will be charged the full fee 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, scoring, and report writing, school consultation, travel time, phone consultation/sessions and consultations with other professionals involved in the assessment and/or treatment of my child.

Patient's name: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Credit Card: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Security Code : \_\_\_\_\_

I wish a receipt to be emailed to me at the following address: \_\_\_\_\_

A paper receipt can also be requested by initialing here: \_\_\_\_\_

Paper receipts will be generated once monthly and be sent to the address provided on your intake form.

**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 MY SAN DIEGO KIDS FIRST PROVIDER.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date