



DENISE GRETCHEN-DOORLY, PH.D.

DR. DOORLY

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CREDIT CARD AUTHORIZATION FORM

Name (of individual responsible for payment): _____

Credit Card Type:

VISA MASTERCARD AMEX OTHER: _____

Credit Card Number: _____

Expiration Date: month: _____ year: _____

Authorization code (on back of card): _____

Billing zip code: _____

By signing below, you agree to authorize Denise Gretchen-Doorly, PhD to bill your credit card directly for all missed appointments (cancelled with less than 24 hour notice, according to the cancellation policy outlined in the Outpatient Services Contract document), for any session fees you authorize her to bill, and/or for any outstanding debt.

Signature: _____

Date: _____