

Rick Stolp, Ph.D.

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Credit Card Authorization

Name _____

Address
(associated with card) _____

Credit Card Information

Credit Card Type (please select) Mastercard Visa Discover American Express

Card Number _____

Expiration _____ Security # _____

Signature

Your signature below indicates your approval to charge your credit card for indicated session fees including:

- unmet deductibles,
- co-pays (when/if deductible is met),
- total session fees if insurance is not applicable (\$140.00 for 45 minutes session and \$165.00 for 75 minute session),
- no show or appointments cancelled without 24 hour notice (\$90 for regular session and \$120.00 for extended session).

I, _____ authorize Rick Stolp, Ph.D. to charge my credit card as indicated above.

Authorized Signature _____ Date _____