

Jay S. Weinberg, MA, CAGS
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CREDIT CARD AUTHORIZATION

I, _____, (name of client) the holder of credit card number ending in _____ (last four digits) hereby authorize Jay S. Weinberg, MA, CAGS, to charge the amount agreed to for therapy sessions and/or group sessions for _____ (patient). I further understand that I will be held fully responsible for the charges that will be applied to this credit card* for the services provided by Jay S. Weinberg, MA, CAGS. Fees for Individual Therapy are \$150 per 50-minute session. Fees for initial intake sessions are \$175.

*Payments made by credit card will incur a \$5.00 processing fee per transaction.

Date: _____

By: _____

Client (Legal Guardian)