

Davis Dynamics Jana Davis, LCSW

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PERMISSION TO CONTACT AND

CREDIT CARD ON FILE FORM

May we phone, email or send a text to you regarding appointments? () Yes () No

May we leave a message on your voicemail on your cell or home number? () Yes () No

May we discuss your appointment here with any member of your family? () Yes () No

If yes, please name family member(s) allowed: _____

Printed Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

CREDIT CARD ON FILE

Date: _____

Client Name (Name on Card): _____

Responsible Party (if different from above): _____

Credit Card #: _____

Billing Address: _____

Expiration Date: _____ CVC Code: _____

I hereby give permission to Davis Dynamics to run my credit card for the following charges:

Session Cost (Initial Session / Regular Session) () Yes () No Amount: _____

No Show Fee: () Yes () No Amount: \$50.00

Co-pay: () Yes () No Amount: _____

Signature of Responsible Party: _____