

Evelyn Kohan, Ph.D.

Licensed Psychologist

PSY7237

23622 Calabasas Road
Suite 252
Calabasas, CA 91302

kohanphd@yahoo.com
www.drevelynkohan.com

General Payment Policy and Credit Card Authorization Form

By completing the form below you are authorizing that your credit card be kept on file and can be charged to pay for psychotherapy services in full at the time services are rendered.

You can also choose to pay for these professional fees by either cash or check at your appointment and your credit card will not be charged.

I authorize Evelyn Kohan, Ph.D. to charge my credit card under all of the following circumstances:

- Full fee for psychotherapy session at time of service.
- Full fee for sessions **not cancelled with 24 hours notice.**
- Full fee for **NO SHOW of a scheduled appointment with no exceptions.**
- **Please note that insurance companies do not reimburse for missed sessions.**
- \$25 fee for a returned check after which only a credit card or cash will be accepted.

Credit Card Information

Patient name _____

Cardholder's Name (as it appears on card)_____

Card Number_____

Expiration Date_____ CVV Security Code _____ Billing Zip Code _____

I understand that it is my responsibility to keep an updated copy of my credit card information on file. If my credit card is declined for any reason, I am responsible for immediate payment of the full balance by cash or check + \$25 service charge.

I acknowledge that I have read, understand and agree to the above fee payment and credit card policy for services provided by Evelyn Kohan, Ph.D.

Signature of Cardholder

Date signed