

Center for Psychological Discovery

WWW.PSYCHDISCOVERY.COM

13680 HWY 9 NORTH, BUILDING B, SUITE 100, ALPHARETTA, GA 30004

PHONE: (678) 820-8386 | FAX: (770) 234-5889

Credit Card Authorization Form

Client: _____

Address: _____

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Center for Psychological Discovery, P.C. accepts all major credit cards **EXCEPT American Express** cards. If you wish to use a credit card rather than a check or cash, there is **NO ADDED FEE** associated with the use and no additional charges or fees will be added to your account. Center for Psychological Discovery, P.C. **requires all clients to provide a credit card to keep on file** in case of a missed appointment. Your credit card will only be charged if you miss an appointment without cancelling or notifying the office of the emergency prior to 24 hours of the scheduled appointment. If you miss the appointment, your insurance (if previously arranged) will not be able to be billed and you will incur all of the fees associated with the session. In the event that your card will be charged for a missed appointment, you will be notified by either phone call (or message) or email.

For Evaluation and Testing clients, Center for Psychological Discovery, P.C. requires a \$150 deposit to hold a testing slot. The deposit will be applied to any testing costs incurred at the time of the appointment. Should you choose to cancel or reschedule your appointment, you will have your deposit refunded to you by check in the event that you have given 48 hours notice. If you have not given 48 hours notice for cancellation or rescheduling, or you do not attend your appointment, you will forfeit your deposit of \$150.

By signing, you request that payment of authorized third party benefits be made on your behalf to Center for Psychological Discovery, P.C. for any services furnished to you by the associates. You also understand that your signature also authorizes release of any information contained in your records to any relevant insurer, or to its assignees, necessary to pay a particular claim. By your signature, you acknowledge that you are ultimately responsible for payment of all fees in the event that payment is not received by a third party for any reason.

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ CVV: _____

Client's Signature: _____ Date: _____

KATRINA L. LOKKEN, Psy.D. | WHITNEY E. WOODCOX, Psy.D. | EMILIYA ADELSON, Ph.D.

COURTNEY BARON, LPC | NICOLE ONORATO, LPC