



Credit Card Authorization

I understand that overdue co-payments and deductibles, missed appointments, late cancellations, checks returned for non-sufficient funds (and related bank fees) and any other costs over 30 days late will be charged to my credit card account. Health insurance does not cover these fees.

The fee for any session missed or cancelled without 24 hours prior notice is \$45 for first missed appointment, \$100 for second missed appointment and \$150 for all other missed appointments.

I give Jeffrey A. Betman, Ph.D. (dba Psychological Solutions Center) permission to charge my credit card for any and all fees outlined above.

Type of card: Mastercard Visa Amex

Name on card: _____

Card #: _____ Expiration Date: _____

CVV2: _____

Cardholder's address: _____

Authorizing Signature: _____

Date: _____