# Abby Penson, Ph.D.

**Licensed Clinical Psychologist – PSY21602**
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**323-580-3383**


## PAYMENT AGREEMENT

PAYMENT IS DUE IN FULL AT THE TIME OF EACH SESSION

**Please select (X) one of the following payment options:**

( ) I choose to pay for each session by Credit Card on file and understand that my card will be charged following each session, unless I have paid for the session in cash or check at the time of the session. I also understand that my Credit Card on file will be charged to settle any unpaid or overdue balances, including, but not limited to, missed sessions or late cancellations.

( ) I choose to only pay for sessions by Cash or Check at the time of the session and understand that my Credit Card on file will only be charged to settle any unpaid or overdue balances, including, but not limited to, missed sessions or late cancellations.

Patient hereby irrevocably authorizes Abby Penson, Ph.D. to place charges on said account in accordance with this Agreement; and agrees to pay all such charges and fees billed to Patient's credit card according to the terms of this Agreement. Patient will immediately give Abby Penson, Ph.D. new credit card information should Patient cancel the credit card or should Patient's ability to use the credit card cease, for any reason.

Credit Card Type (circle one): VISA MASTERCARD DISCOVER

Credit Card Number: ____________________________________________

Expiration Date: ____________________________________________

CSC (3 digit code on the back of your card): ____________________

Your Name as it Appears on the Card: ______________________________
Billing Address:____________________________________________
Billing Zipcode:____________________________

Patient:______________________________________ Date:____________________

Relationship to Patient:____________________________________________

I, ________________________, authorize Abby Penson, Ph.D. to charge my credit card for any of the reasons stated above. I also understand that there will be a $25 fee for any check or credit card transaction returned/denied for insufficient funds.

______________________________________
Signature