



INFORMED CONSENT TO AUTHORIZE PAYMENT BY CREDIT CARD FOR PSYCHOTHERAPY SERVICES

I, _____ agree to authorize Rebecca Wurzbürger, PsyD to charge my credit card for psychotherapy services and other clinical services according to the fee agreement between the therapist and the client.

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Security Code: _____

I understand the following terms apply to this agreement:

- Payment will be made at the time of service.
- The fee for psychotherapy, psychological testing and interpretation, consultation, letter or report writing or other clinical services is \$195.00 per 50 minute session unless otherwise specified. For more details, see previous informed consent.
- Upon your request and upon obtaining the client's written permission, if appropriate, you will be provided with a bill, which is suitable for presenting to your insurance carrier for possible reimbursement. Not all conditions are reimbursable.
- This agreement supplements previous informed consents.

Signature of Client: _____ Date: _____

Signature of Payee: _____ Date: _____