

Joanne Barron, Psy.D.
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Credit Card Authorization Form

I _____ understand that psychological services provided by Joanne Barron, Psy.D. will be charged to the credit card listed below for each 50 minute session. If sessions need to be longer they will be pro-rated for the portion of the additional hour used. I understand that I will be charged the full fee for sessions not cancelled within the 24 hour cancelation period. All cancelations must be made by phone, and cannot be made by email or text. Receipt for services will be mailed or emailed after the 1st of each month.

Credit card type _____ Exp.Date _____

Credit Card # _____ CVC code _____

Billing Address _____

Print Name _____ Date _____

Signature _____ Date _____

Phone # _____

Email _____