

New England Psychological Services

If you wish to use a credit card for payment, please complete the following:

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All personal balances are payable at the end of each session. I understand that I am responsible for all fees not covered by insurance. I also understand that I will be charged for missed appointments or cancelations with less than 24 hours notice. I authorize my credit card for payment of such fees. I understand that my card will be charged unless I make other arrangements with the therapist or the business office. By signing this form, I authorize Dr. Nardine and New England Psychological Services, LLC to release my name and date of birth to the necessary financial institution to guarantee payment.

Signature: _____ Date: _____