

Francine Grevin, Psy.D.
1600 South Main Plaza, Suite 225
Walnut Creek, CA 94596
www.therapywalnutcreek.com

Licensed Clinical Psychologist PSY 16634
Telephone (925) 658-0030
Email: Dr.Grevin@eastbaypsychotherapyservices.com

PAYMENT INFORMATION

Most clients elect to keep a credit card on-file with Dr. Grevin, though personal checks, cash or point-of-service credit card swiping are also accepted on a case by case basis. Filed credit cards are run on the same day as a scheduled appointment, generally the morning of a scheduled appointment. Regardless of method of payment, payment is due the same day of each appointment unless otherwise discussed and arranged with me prior to the day of the appointment.

By signing this form, I agree to the billing practices and policies as outlined in Dr. Grevin's Office Policy Form. As such, I understand that I will be charged a fee of \$200.00 per scheduled session attended or any session that is not cancelled prior to 48 hours in advance. (In cases of sudden illness or other emergent situations, please discuss exceptions with me as soon as possible).

Credit Card #: _____-____-____-____-_____

Expiration Date _____/_____

3 or 4-digit code _____

Billing zip code _____

By signing this form, I give Dr. Grevin permission to process my credit card for the full fee noted above the day of scheduled sessions. I understand that the same fee applies to any missed sessions in non-emergent situations without a minimum of 48-hour notice.

This consent is in place until I give prior notice that I (the client or their guardian) have unilaterally decided to terminate psychotherapy with Dr. Grevin, or as otherwise mutually agreed upon.

Signature _____

Date _____