

6. PAYMENT INFORMATION FORM

JESSE ENGDAHL, MA, MFTI
45 BREEZE AVE, VENICE BEACH, CA, 90291
P: 310.266.8269
JESSE_ENGDAHL@YAHOO.COM

PAYMENT INFORMATION FORM

(PLEASE PRINT)

FINANCIALLY RESPONSIBLE PARTY:

NAME: _____
FIRST MIDDLE LAST

DOB: _____ PHONE: _____

RELATIONSHIP TO THE PATIENT: _____

MONTHLY INVOICE/SUPERBILL:

____ I WOULD LIKE TO RECEIVE A GENERAL INVOICE.

____ I WILL BE SUBMITTING MY MONTHLY BILLS TO INSURANCE COMPANY (I UNDERSTAND I MUST PAY MR. ENGDAHL'S INVOICE IN FULL BEFORE SUBMITTING TO INSURANCE).

____ I WOULD LIKE MY INVOICE TO BE EMAILED TO ME**:

**EMAIL: _____

____ NO, THANK YOU. I DON'T NEED A MONTHLY INVOICE.

PAYMENT METHODS (PLEASE CHECK ONE):

____ I AUTHORIZE MR. ENGDAHL TO CHARGE MY CREDIT CARD MONTHLY UPON RECEIPT OF AN INVOICE FOR ANY SERVICES PROVIDED.

____ I WILL BE PAYING BY CASH AT THE END OF EACH SESSION.

____ I WILL BE PAYING BY CHECK AT THE END OF EACH SESSION.

____ I WILL BE PAYING BY CREDIT CARD AT THE END OF EACH SESSION.

____ I WILL BE PAYING BY CHECK UPON RECEIPT OF AN INVOICE EACH MONTH FOR ANY SERVICES PROVIDED.

(PLEASE MAKE ALL PAYMENTS TO JESSE ENGDAHL, MA, MFTI)

I _____ AGREE TO THE TERMS OF PAYMENT AS INDICATED ABOVE.

NAME (PLEASE PRINT)

SIGNATURE

DATE

7. CREDIT CARD AUTHORIZATION FORM

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CREDIT CARD AUTHORIZATION FORM (PLEASE PRINT)

NAME (AS IT APPEARS ON CARD):

FIRST, LAST

BILLING ADDRESS:

STREET APT. CITY STATE, ZIP

E-MAIL: _____

CREDIT CARD TYPE:

CREDIT CARD NUMBER: _____ - _____ - _____ - _____
EXPIRATION DATE: ____/____/____
3 DIGIT CVN#: _____

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

I _____ AUTHORIZE JESSE ENGDAHL TO
CHARGE MY CREDIT CARD FOR ANY MISSED APPOINTMENTS ON THE DAY OF
THE MISSED APPOINTMENT FOR BREACH OF THE CANCELLATION POLICY,
WHICH IS 24 HOURS NOTICE.

SIGNATURE

DATE