

PAYMENT AUTHORIZATION

Please indicate the form of payment you wish to use for any services rendered through this practice. This information will be securely stored in your clinical file and may be updated upon request at any time. The fee for a 50 min session with Maggie Baumann, MA, MFT-I is \$100. The fee for a 80 min session is \$175.

Payment is accepted as cash, check or credit card. If paying by check, please make check out to:

Monisha Vasu, MD
180 Newport Center Dr, Ste. 270
Newport Beach, CA 92660

Client Information:

Client Name: _____ Date of Birth: _____

Address: _____ City _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____

Email: _____

Select Form of Payment:

Cash _____

Check (payable to Monisha Vasu, MD) _____

Credit/Debit Card Information:

Card Type (circle one): Visa MasterCard

Card Number: _____

Expiration Date: _____

3 Digit code on back _____

Card Holder Information:

Please indicate the name and address associated with the credit or debit card you wish to use.

Name: _____

Address: _____ City _____ State: _____ Zip: _____

Signature of Client or Legal Guardian

Date

Please return this form to your therapist