TERESE WEINSTEIN KATZ, PH.D.
Clinical Psychologist

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NY Lic #0250203-01 / MA Lic #6842

AGREEMENT TO PAY FOR PROFESSIONAL SERVICES

.
I/we are responsible for payment of services provided by Terese Weinstein Katz, Ph.D. to _____ [DOB _____].

The current fee for service is $185 per session. A statement for services will be emailed at the end of each month. Payment is due within 30 days. Payment can be made via Venmo, Zelle, personal check or credit card (credit card authorization form below).

_____ _____/_____/_____
Signature of client /Parent/Legal Guardian/other responsible party Date

CREDIT CARD AUTHORIZATION

I, _____, the responsible party for _____, hereby authorize Terese Weinstein Katz, Ph.D. to charge payments, as billed monthy, to the following credit/debit card for psychotherapy services.

I understand I may choose another qualified payment option (i.e. Venmo, check) at any time.

Credit Card Information

Type of Card: □ MasterCard □ VISA □ Discover

Cardholder Name: (as written on card):
_____

Billing Address: _____
_____
_____

Phone: _____ Email: _____

Credit Card # _____ _____ _____ _____

Expiration Date: _____/_____(mm/yyyy)

CCV/CSC Number (3-digit code): _____

I authorize Terese Weinstein Katz, Ph.D. to charge my credit card for services rendered:

_____ _____/_____/_____
Signature of client /Parent/Legal Guardian Date