

Caroline R. Baltzer, Ph.D.
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Payment Agreement

I am providing my debit or credit card information below for the purpose of paying for psychotherapy sessions with Caroline R. Baltzer, Ph.D., using the fee structure posted on her website, and under the following conditions:

1. My card will be charged after each appointment held, or missed that is not canceled 48 hours prior to the appointment time.
2. I may opt at any appointment to pay by cash or check in lieu of debit or credit card.
3. This authorization becomes a permanent part of the clinical record and will be treated with privacy, confidentiality, and the utmost financial safe-guards for the length of treatment or until rescinding this authorization in writing.
4. My card will be charged if a balance accrues due to an unpaid balance, or if a check is returned unpaid. An additional \$25 fee will be charged in this event.
5. I am also responsible for any charge back fees if for some reason the card is declined. The amount owed must be paid within 7 days of being notified of this by check or cash.

If I am using health insurance benefits toward the cost of the psychotherapy, I agree to submit the claim forms to the health insurance company for reimbursement directly to me, and acknowledge that I am responsible for the full amount owed to Dr. Baltzer at the time of service.

Visa / MC / AmEX / Discover / _____

Number: _____

Expiration: _____ Security Code: _____

Name and Billing Address associated with this card:

Signature: _____

Name of Patient: _____ Today's Date: _____