



TRAUMA & BEYOND
PSYCHOLOGICAL CENTER

4419 Van Nuys Blvd. #206 Sherman Oaks, CA 91403
818-351-3511

Credit Card Authorization Form

I _____ understand that psychological services provided by Trauma and Beyond ® will be charged to the credit card listed below. For IOP/PHP client's deposits will be taken at the start of your contract and renewed per your request. For Outpatient (OP) clients, sessions are generally 50 minutes. If sessions need to be longer they will be pro-rated for the portion of the additional hour used. As an OP client, I understand that I will be charged the full fee for sessions not cancelled within the 24 hour cancellation period. All cancellations must be made by phone, and cannot be made by email or text. IOP/PHP clients cancellations must be pre-arranged in order to extend services beyond contract date.

Credit card type _____ Exp.Date _____

Credit Card # _____ CVC code _____

Billing Address _____

Print Name _____ Date _____

Signature _____ Date _____

Phone # _____ Email _____