

Boston Evening Therapy Associates, LLC

7 Kent Street
Brookline, MA 02445

1180 Beacon Street
Brookline, MA 02446

(617) 738-1480
bostoneveningtherapy.com

Authorization to Use Credit Card for Psychotherapy Services

I authorize Boston Evening Therapy Associates, LLC (BETA) to charge my credit card for the sole purpose of psychotherapy, consulting or counseling services rendered.

I authorize BETA to use my credit card for the following purposes:

Copayments for Insurance covered visit(s) in the amount of: \$ _____

**Private Pay for psychotherapy/consulting session(s) in amount of:
\$ _____**

**Missed Appointments with less than 24 hrs notice in the amount of:
\$ 130 _____**

Patient Name (please print) _____

Patient's Address with Zip Code _____

Credit Card: (circle one) **VISA , MASTERCARD, AMERICAN EXPRESS**

Credit Cd#: _____

Exp. date: _____

3 digit code _____

Cardholder's Name (Please Print) _____

Signed: _____ Date: _____

Therapist Name (Please Print) _____

Signed: _____ Date: _____