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I consent to payment for my psychotherapy with Devorah Rodgers, MFT with my credit card/check card.

If I choose not to pay via credit card/check card, I do understand that I still need to provide my credit card information as a back-up payment option in the event that my check payment doesn't clear.

I also understand that Devorah Rodgers, MFT has a 48-hour cancellation policy, and I consent to full session payment by credit card for any appointments that have not been cancelled more than 48 hours in advance.

Credit Card Information

Type: (Circle One) **Visa Mastercard Amex**

Number: _____

Expiration Date: _____

Credit Card Verification (CCCV) Code: _____

Billing Zip Code: _____

Print Name: _____

Sign Name: _____