Cohen Psychological Health Providers

966 Hungerford Drive
Suite 32A
Rockville, Maryland 20850

Credit Card Information

Please provide credit card information below. By providing this information it will simplify payment procedures in the event of a missed appointment with notice of cancellation, as well as occasions when an appointment is cancelled without 24 hours advanced notice. Your acceptance of this policy will ensure that your payments will always be up-to-date and will be made in a timely manner

Name on Card	Click or tap here to enter the text
Billing Address	Click or tap here to enter the text
	Click or tap here to enter the text
City	Click or tap here to enter the text
State	Click or tap here to enter the text
Zip Code	Click or tap here to enter the text

The following information may be shared:

☐ Visa
☐ MasterCard
☐ American Express
☐ Discover

Card Number _____ Exp. Date _____ Security Code _____

Signature of Patient/Guardian _____ Date _____

Submitting this form authorizes the billing of your card for services.