Aspiring Minds

Neuropsychological Assessment & Psychotherapy Clinic

Ludmila Zaytsev, Ph.D.
Clinical Psychologist (PSY 23050)

Tel: (323) 682-8225
Fax: (323) 396-9987

15335 Morrison St., Suite 205
Sherman Oaks, CA 91403

BILLING AUTHORIZATION
Directions: Initial next to each statement and complete the credit or debit card information below.

Signature on File
1. _____I agree and authorize the office of Dr. Ludmila Zaytsev to charge the credit or debit card indicated below for any account balances.
2. _____Account balances include but are not limited to copays, co-insurance, balances or fees not covered by the carrier.
3. _____Account balances are charged on the same date of the scheduled service.
4. _____I authorize the office of Dr. Ludmila Zaytsev to process the credit or debit card as a *Signature on File* for any balance due on my account.

	Credit Card Information
Name on the Credit Card	
Type of Credit Card	
16-Digit Card Number	
Month & Year of Expiration	
3-Digit Security Code *(on the back of the card)*	
Billing Zip Code	
Email address for your receipt	

____
Client (or Personal Representative) Signature

____
Print Name & Date