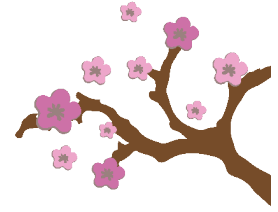


# KATRINA L. LOKKEN, PSY.D.

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## Credit Card Authorization Form

Client: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Katrina L. Lokken, Psy.D., P.C. accepts all major credit cards with the exception of American Express cards. If you wish to use a credit card rather than a check or cash, there is NO ADDED FEE associated with the use and no additional charges or fees will be added to your account. Katrina L. Lokken, Psy.D., P.C. requires all clients to provide a credit card to keep on file in case of a missed appointment. Your credit card will only be charged if you miss an appointment without cancelling or notifying the office of the emergency prior to 24 hours of the scheduled appointment. If you miss the appointment, your insurance (if previously arranged) will not be able to be billed and you will incur all of the fees associated with the session. In the event that your card will be charged for a missed appointment, you will be notified by either phone call (or message) or email. I request that payment of authorized third party benefits be made on my behalf to Dr. Katrina L. Lokken, Psy.D., P.C., for any services furnished to me by her or her assistants. I understand my signature also authorizes release of any information contained in my records to any relevant insurer, or to its assignees, necessary to pay a particular claim. By my signature, I acknowledge that I am ultimately responsible for payment of all fees in the event that payment is not received by a third party for any reason.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_