

# Joshua M. Cohen, Ph.D., LLC

Jackson Place  
966 Hungerford Dr., #32A  
Rockville, MD 20850

Office (301) 315-6301  
FAX (301) 315-6302

## 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 without notice of cancellation, as well as the occasions where an appointment is cancelled without 24 hours advanced notice. In either event, credit cards will be processed at the end of the scheduled appointment. 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: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Card (select one):

Visa       MasterCard       American Express       Discover

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

If you use an Internet email service such as Yahoo or Hotmail, save the form and return it manually to [JoshuaMCohenPhD@Verizon.Net](mailto:JoshuaMCohenPhD@Verizon.Net) using your Internet email service.