

Heather Hopper, Ph.D.
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Credit Card Charge Form

I agree to allow Dr. Heather Hopper to charge my credit card, information noted below for psychological Services, _____

Charges will be assessed per visit, late cancellation, or no-show, plus all fees not covered by insurance within 90 days.

Copays are usually \$ _____, for a 45 minute psychotherapy session, but may be higher or lower for other services. Your standard rate for a missed session or late cancellation is \$ _____

Type of Card: American Express MasterCard Visa Discover

Card Number _____

Expiration Date _____ CVV number _____

Billing Address (including number, street, apt/suite, city, state, and zip code)

Name (as printed on card) _____

Signed _____ Date: _____

This agreement expires on _____ (date) or within one calendar year, whichever is earlier.