Chambers & Blohm
Psychological Services

309 N. Mandan Street, Suite #1
Bismarck, ND 58501
Phone: 701.323.0924
Fax: 701.323.0935
chambersandblohm.com

PSYCHOLOGICAL ASSESSMENT PAYMENT AGREEMENT

Client First Name: _____

Client Last Name: _____

Client DOB: _____

Date of Testing Appointment: _____

By signing below, I:

1) agree to provide Chambers & Blohm with credit card information that they can securely store in order to reserve my appointment.
2) accept that my appointment may be canceled if I fail to provide or respond to requests for my credit card information.
3) agree to be charged a $100 late cancel/no-show fee if I do not give at least 48-hour advance notice in the event I need to cancel or reschedule the appointment.
4) give permission for Chambers & Blohm to charge my credit card in increments of no more than $500 at a time and not to exceed $1500 total to pay for any balance that remains after all insurance payments have been applied. I understand that Chambers & Blohm associates will make good faith efforts to contact me to inform me before charging my credit card.

_____ _____

Client or Representative Signature **Date**