



Noam Koenigsberg, MD • 960 West 41st Street Suite 410 • Miami Beach, 33140 • (1)305-814-4992

Financial Agreement

I, _____ am authorizing Dr. Noam Koenigsberg to charge my credit card in the event that I do not show for a scheduled appointment as recorded on my bill or verbally agreed upon or via email agreed upon, and did not notify Dr. Koenigsberg of my inability to attend my scheduled appointment at least 48 business hours in advance as was agreed upon when treatment commenced.

Furthermore, for outstanding payments of services rendered, I authorize Dr. Noam Koenigsberg to charge my credit card for the full amount due. I will not dispute charges for treatment sessions I have received or that I have missed, cancelled or rescheduled less than 48 business hours in advance. If I cancel or reschedule my appointment prior to 48 business hours in advance Dr. Koenigsberg will not charge my credit card. I further authorize Dr. Noam Koenigsberg to disclose information about my attendance/ cancellation/rescheduling to my credit card company if I dispute a charge.

Card Type: American Express Visa MasterCard Discover

Name as printed on Card: _____

Card #: _____ Expiration date: _____

Security Code (3 or 4 digit code): _____

Billing Address (Street, City, State and Zip Code):

Signature: _____

Date: _____

(Client or financially responsible party)

Please note: This form will be securely stored in your clinical file and may be updated upon request at any time. Your credit card will not be charged unless the following conditions apply: no-show for a scheduled appointment, appointment cancellation or rescheduling less than 48 business hours in advance, or attended sessions without payment rendered.