

Jana Colton
(646) 783-0800

Payment Method

Name of Patient: _____

PERSON RESPONSIBLE FOR PAYMENT (if not self)

Name: _____

Billing Address: _____

Home Phone: _____ Cell Phone: _____

_____ I prefer to pay by check for my sessions

_____ I prefer to pay by cash for my sessions

_____ I would like my credit card to be billed for all sessions