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ATTENDANCE AND FEES

Dr. Pearson treats self-pay patients. Therefore, you will be billed the full amount of services rendered at the time of your visit. Dr. Pearson is happy to provide a receipt which you can submit for reimbursement with your insurance according to the policies of your health plan.

Your session time is reserved for you.
You will be charged the full fee for sessions cancelled with less than 24 hours' notice.

Dr. Pearson accepts payment by credit card. Please note that
PAYMENT IS EXPECTED AT THE TIME OF SERVICE.

I understand and agree to the above policies:

Signed: _____

Printed Name: _____

Date: _____

Billing Information:

Name (as appears on credit card): _____

Credit Card Billing Address: _____

Credit Card Type: AmEx MasterCard Visa

Credit Card Number: _____

Expiration Date: _____

CVS* Number: _____

**Visa, MasterCard: 3-digit, non-embossed number printed on the signature panel on the back of the card immediately following the card account number.*

Amex Card: 4-digit, non-embossed number printed above your account number on the face of your card.