



*Soonie A. Kim, Ph.D.*

6420 SW Macadam Ave. Ste. 390  
Portland, OR 97239

Phone: 503-449-6707  
FAX: 844-965-9260

### Client Out-of-Pocket Charges

Out-of-pocket charges, such as co-pays, deductible amounts and missed session fees, are required to be paid at the time of service. Here are your options:

- 1) You can pay by cash, check or credit card at the time of your appointment. Your receipt for charges will be in the form of your monthly credit card statement unless you request a hard copy receipt from me.
- 2) You can put a credit card on file with me. Your out-of-pocket charges will then be automatically billed to your credit card. Your credit card will be charged on a weekly basis for out-of-pocket balances due. This agreement will expire after treatment is terminated and/or when your account is clear of both insurance and out-of-pocket balances due. Your receipt for charges will be in the form of your monthly credit card statement unless you request a hard copy receipt from me. This agreement will expire after treatment is terminated and/or your account is clear of both insurance and out-of-pocket balances due.

If you choose to have a credit card on file, please complete this form and bring it in with you to your first session. You will also need to bring the actual credit card as I need to make a copy of the front and back of the card.

Cardholder Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
CREDIT CARD #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

I, \_\_\_\_\_ authorize Dr. Kim to charge the credit card as stated above for mental/behavioral health services rendered.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cardholder Name

6420 SW Macadam Avenue, Suite 390 Portland, OR 97239  
(503) 449-6707 • fax (844) 965-9260 • email@skimphd.com