



5601 W. Slauson Ave. #192, Culver City, California 90230

[www.kohanfoundation.org](http://www.kohanfoundation.org)

424.331.9070

Date: \_\_\_\_\_

I, \_\_\_\_\_, authorize the use of the following credit card to cover  
(patient first and last name)  
the copay for my therapy session with Kohan International Foundation.

I also authorize the use of the following credit card for late cancellation fees of \$65.00.  
(A cancellation within less than 24 hours prior to an appointment will result in a late cancellation fee).

\_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_

(CREDIT CARD NUMBER)

CARDHOLDER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Please complete this form and send a completed copy back to Bethie at  
Bethie@Kohanfoundation.org , or to your therapist directly.**