



Deauna Shauri-Webb, Psy.D.
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Fees and Payment Form

I, _____ (client) understand and agree that I am responsible for the payment of \$190.00 for the initial intake session and \$175.00 per 50-minute psychotherapy session with Deauna Shauri-Webb, Psy.D. effective _____ (date). I understand that I am expected and responsible for paying for each session **at the time it is held**, unless there is another agreement in writing. I am aware that payments can be made via cash, check, Paypal, or credit card at the time of the appointment.

Credit Card Information

Type of credit card: _____
Credit card number: _____ Expiration date: _____
Card security code: _____
Name on card: _____ Billing zip code: _____

Insurance Information (If you intend to use of-out-network benefits)

Insurance Company: _____
Telephone: _____
Mailing address (for mailing mental health claims): _____

Client signature _____ Date _____

Signature indicates that you agree to allow your therapist to make charges on your card without you present.