Robyn P. Waxman, Ph.D.
660 KENILWORTH DRIVE
Suite 101
Towson, MD 21204

I authorize Robyn P. Waxman, Ph.D. to bill designated Health Insurance plans and I understand that my signature serves as "Signature on File" for insurance billings. I understand and accept full responsibility for amounts including co-payments and deductibles not reimbursed by insurance.

I understand the importance of keeping scheduled appointments and will provide twenty four (24) hours notice of cancellation or I will pay a full fee amount for that visit.

PRINTED NAME _____

SIGNATURE _____

DATE _____