



www.APCenters.com • Telephone: 818.989.9001 • Email: DrShCohen@gmail.com
5900 Sepulveda Boulevard • Suite 335 • Sherman Oaks • California 91411

Shahrzad Cohen, Au.D., M.S.
Doctor of Audiology

FINANCIAL RESPONSIBILITY AGREEMENT

I understand and agree that the fees charged for professional time or services are not disputable or refundable. By signing this agreement and the correspondence check or credit card receipt for the rendered service or time I accept the financial responsibility for the charges, and I am waiving any claims to the charges.

Patient Name (Printed): _____

Patient or Legal Guardian Signature: _____

Date: _____