David Denton, PMHNP-BC

2215 Broadway Street, Vancouver, WA
98663
Phone: 360-906-7156 Fax: 360-696-3658

Date: _____

Patient: _____

PLEASE FILL IN ALL REQUESTED INFORMATION BELOW

CARDHOLDER'S NAME:_____

CREDIT CARD BILLING ADDRESS:_____

PHONE NUMBER _____

CREDIT CARD: MASTERCARD___ VISA ___ AMERICAN EXPRESS ___DISCOVER___

CREDIT CARD NUMBER:_____

EXP.DATE:_____ CVV#: _____

I HEREBY AUTHORIZE COMPANY NAME TO CHARGE MY CREDIT CARD ACCOUNT FOR DEDUCTIBLES, CO-PAYS, CO-INSURANCE, LATE CANCELS AND NO SHOW FEES.

CARD HOLDER'S SIGNATURE:_____

DATE: ___/___/_____

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.