Patrick Schwartz, Psy.D.
3597 S Pearl St, Ste 100
Englewood, CO. 80113

ONGOING CREDIT CARD AUTHORIZATION FORM

Date: _____

I, _____, authorize **Patrick Schwartz, Psy.D.** to charge my credit card as stated:

My signature below indicates my knowledge and acceptance that my credit card, listed below, is to be charged on an ongoing basis to process **all of my copays and deductibles and balances** to **Patrick Schwartz** that my insurance company does not cover. I also acknowledge that this authorization will remain in force until revoked by me in writing to **Patrick Schwartz**

Credit Card Information:

Credit Card: **M/C Visa Amex Discover**
(please circle one)

Credit Card Number: _____

Expiration Date: _____/_____
(month) (year)

Billing Address: _____

_____

Email: _____

Card Security Code: _____
(AMEX: 4 Digit on Front of card; DISC MC/VISA: 3 Digit on back of card)

Cardholder's Name: _____
(exactly as it appears on the card)

X _____
(signature of the cardholder)