136 Sherman Avenue – Lower Level Suite #6 • New Haven, Connecticut 06511
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www.CTMentalHealth.info

CREDIT CARD AUTHORIZATION

IMPORTANT This office requires a valid credit/debit card to be kept on file for each patient and/or party responsible for self-pay, co-pay, and deductible payment(s).
Medicare/Medicaid patients may not be required to furnish credit card information.
Your credit card account will be charged for contracted co-payment and deductible payment(s), which payments you authorize by accepting your first, or subsequent appointment(s) with a CCPW provider.

Credit Card Information				
Cardholder's Name:			Today's Date:	
Billing Address:			City, State, Zip Code:	
Card Type: ❑Visa/MC ❑AMEX ❑Disc.	Card Number:		Expiration (MM/YY):	CVV (Security) Digits:
Cardholder Relationship to Patient: ❑Self ❑Parent ❑Other	Cardholder's Phone Number:		Cardholder's E-mail Address:	

Cardholder's Signature____ Date:__________________

You agree to electronic signature affirmation.
It is important this document is signed prior to your first visit.

You can upload a recent photo of yourself along with a photo of your ID to your patient portal, or email to: office@ctmentalhealth.info