

# TAMPA BAY

PSYCHIATRIC SERVICES, PL

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[www.tampabaypsychiatricervices.com](http://www.tampabaypsychiatricervices.com)

## Credit Card Payment Authorization

I, \_\_\_\_\_, authorize Tampa Bay Psychiatric Services, PL

to charge my credit card for the services rendered in the amount of \$ \_\_\_\_\_

OR

to charge my credit card deposit fee of \$100 to secure first time appointment.

This money will be applied towards my balances at the first appointment. I understand that if I cancelled appointment at least 48 hrs in advance, this deposit will be fully refunded to me.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Patient name and DOB

### Credit Card information:

Credit card: Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover \_\_\_\_\_

Name on the card: \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_ Billing Zip code \_\_\_\_\_

Security code \_\_\_\_\_