

ELECTRONIC PAYMENT AUTHORIZATION - BOTOX

Please complete this form with the payment method you wish to use for all services rendered through this practice. Bloom Mental Health accepts **VISA, MASTERCARD AND DISCOVER** debit/credit cards. Charges for services rendered will be deducted from the card designated below at the time services are rendered.

Client Information:

Client Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Mobile Number: _____

Client Email: _____

Pharmacy: _____ Phone #: _____

Billing Information: (If under age 18 - Parent / Guardian Information) Credit Card

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

I authorize all service fees to be deducted from payment card #: _____

Expiration Date _____ Please enter the CVV code _____ (last three digits on back of card)

I authorize the use of this card for all services and fees at the time they are rendered for the following party:

Full Name(s) _____

I understand that this form authorizes my provider to charge this card for varying session types, across multiple dates of service. *By authorizing use of this card, and signing this electronic payment authorization form, I certify that I am the cardholder and my signature below authorizes each individual charge for all dates of service.

Cardholder Signature

Date

Payments are processed by Therapy Partner.

Therapy Partner is a registered ISO/MSP of Fifth Third Bank, Cincinnati, OH and HSBC Bank USA National Association, Buffalo NY.

EMERGENCY CONTACT INFORMATION REQUIRED: Note: Patient File REQUIRES 2 Contacts - so DO NOT LIST same information as above.

EMERGENCY CONTACT: _____

Relationship: _____ **CELL PHONE:** _____ **WORK:** _____

Address (if different from above): _____

City _____ **State** _____ **Zip Code** _____

Text Reminders are sent 3 weeks prior and 1 week prior to a scheduled appointment to allow time to cancel or reschedule. A text sent the day before a scheduled appointment indicating RESPONSE REQUIRED must be replied to.