ELECTRONIC PAYMENT AUTHORIZATION - OXYGEN

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 typed 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, Cinncinati, 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*** ________________