

# CAROLINA PSYCHIATRY

548 SANDHURST DRIVE, FAYETTEVILLE, NC 28348  
PHONE 910-484-3400 FAX 910-484-3404

## CREDIT CARD AUTHORIZATION

I \_\_\_\_\_ authorized Carolina Psychiatry, P.C. to charge my credit card for my copays and/or balances. I understand that this amount may include charges for appointments not cancelled 24 hours in advance and for charges not covered by insurance if applicable.

Patient Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**This authorization is effective from \_\_\_\_\_ until revoked or terminated by above signed responsible party.**