



136 Sherman Avenue – Lower Level Suite #6 • New Haven, Connecticut 06511
 (Phone) 203-680-0030 (FAX) 860-331-8044
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: <input type="checkbox"/> Visa/MC <input type="checkbox"/> AMEX <input type="checkbox"/> Disc.	Card Number:	Expiration (MM/YY):	CVV (Security) Digits:
	Cardholder Relationship to Patient: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other	Cardholder's Phone Number:	Cardholder's E-mail Address:	

Cardholder's Signature _____ Date: _____

Pease complete and submit this form:

- Take a picture and text to: 203-806-0625
- Scan/Email to: jmiller@ctmentalhealth.info
- Fax to: 860-331-8044
- Mail to: CCPW, 136 Sherman Ave. LL, New Haven, CT 06511

It is important this document is signed and submitted prior to your first visit.

Remember to Text a recent photo of yourself along with a photo of your ID, and front/back of your insurance card to: 203-806-0625