

Jessica Halpern, MD Specializing in Children, Adolescents & Women 608 Sherwood Parkway, Suite 106 Mountainside, New Jersey 07092

T 908.379.8258 F 888.517.4388 jhalpern@brightsidepsychiatry.com

## **CREDIT CARD PAYMENT AUTHORIZATION**

I hereby authorize and direct Bright Side Psychiatry LLC/Jessica Halpern, M.D. to charge my credit card at the then current fee rate for all services that are scheduled for the below named client.

Name of Client:

First	Last	MI

DOB:\_\_\_\_\_

I understand that I will be responsible for full payment on all scheduled appointments, unless notice of cancellation is received by Bright Side Psychiatry LLC/Jessica Halpern, M.D. at least 24 hours in advance of the appointment. I have the right to provide payment in full by other means at the time of service, but I can also opt to have my credit card be charged If I so choose. If there is difficulty in process payment through the specified credit card, I agree to provide payment in full through other payment means. My authorized credit card information is as follows:

Credit Card type:	Visa	Mastercard	Amex	D	liscover		
Name as it appears on the card:							
Credit Card Number	:						
Credit Card Expiration	on:			CVC	C Code:		
Billing Address:							
Street Address			C	ity, State	& Zip Code		

This authorization may be revoked by written notice only. Notice of revocation is effective upon receipt by Bright Side Psychiatry LLC/Jessica Halpern, M.D.. Revocation of this agreement does not, in any way, revoke or invalidate credit card transactions that were initiated prior to receipt of the revocation.

Name:	Date:
Signature:	
Relation (if not signed by the patient):	