Linder Psychiatric Group, Inc.
[] 193 Blue Ravine Rd. Suite 170 Folsom, CA 95630 Ph: (916) 608-0714 Fax: (916) 608-0717
[] 970 Reserve Drive Suite 205, Roseville, CA 95678 Ph: (916) 780-1070 Fax (916)780-1199
[] 508 Gibson Drive Suite 150, Roseville, CA 95678 Ph: (916) 865-3670 Fax (916)780-0303
Hours of operation 7:30am-5:00pm Clinicians Pagers/Cell Phone Available 24 hrs
Website: www.echildpsychiatry.com

Credit Card on File Authorization Form

Completion of this form hereby authorizes Linder Psychiatric Group, Inc. to hold my credit card information on file and that my information will be kept secure and confidential. I understand my credit card is being held on file and authorize that in the event I fail to cancel my appointment 72- business hours in advance, or in the event that I have an unpaid balance due by me, an employee of Linder Psychiatric Group, Inc. may charge my card in the amount of the appointment. I understand for missed appointments, I am solely responsible and a missed appointment will not be billed through my insurance company.

Cardholder Information:

Name (as it appears on the card): _____
Billing Address: _____
City/State/Zip:_____
Phone Number: _____
Fax Number: _____

Cards Accepted – Visa or MasterCard (Only)

Card Number __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
Expiration Date: __ __ / __ __ (3) Digit Verification Code (Located on the back of your card): __ __ __

_____ _____
Authorized Signature Date

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