Sea Glass Psychiatry
COMPASSIONATE CARE. CLEAR MIND. STRONGER YOU.
515 Centerpoint Drive – Suite #901 • Middletown, Connecticut 06457
(Phone) 203-990-2555 (FAX) 800-859-7958
www.seaglassct.com

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 provider.

Credit Card Information				
	Cardholder's Name:		Today's Date:	
	Billing Address:		City, State, Zip Code:	
	Card Type: ❑Visa/MC ❑AMEX ❑Disc.	Card Number:	Expiration (MM/YY):	CVV (Security) Digits:
	Cardholder Relationship to Patient: ❑Self ❑Parent ❑Other	Cardholder's Phone Number:	Cardholder's E-mail Address:	

Cardholder's Signature_____ Date:_____

You agree to electronic signature affirmation.
It is important this document is signed prior to your first visit.

Remember to Upload or email a recent photo of yourself along with a photo of your ID, and front/back of your insurance card to: office@seaglassct.com