

**Center for Emotional Health & Wellness, LLC**

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**CREDIT/CHARGE/DEBIT CARD AUTHORIZATION FORM**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Type (Circle): VISA          MASTERCARD          DISCOVER          AMERICAN EXPRESS

VISA-DEBIT          MASTERCARD-DEBIT

OTHER: \_\_\_\_\_

Authorization Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Customary Charge (Note: amount will vary depending on services rendered): \_\_\_\_\_

Authorization for charges: BY SIGNING BELOW, I AGREE THAT I HAVE REVIEWED THIS DOCUMENT AND THAT I AM ULTIMATELY RESPONSIBLE FOR ALL CHARGES INCURRED BY THE ABOVE PATIENT.

\_\_\_\_\_  
Patient Signature (Legal Guardian/Responsible Party if Minor)

\_\_\_\_\_  
Date