



Credit Card Authorization Form

By providing my payment information, I authorize Tucson Outpatient Psychiatry to run my debit/credit card to reserve an appointment time. Payment will be taken the Friday prior to the scheduled appointment per Tucson Outpatient Psychiatry's Payment Policy.

I understand that the payment will be processed through a third-party payment system and Tucson Outpatient Psychiatry does not have my payment information on file.

Patient's Printed Name:

Patient's Signature and Date:

Printed Name- Financially Responsible Party:

Financially Responsible Party Signature and Date: