



Patient Signature and Date

Signature of Guardian/POA and Date

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

Signature- Financially Responsible Party and Date