

**Jena Jamison, MD**  
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## CREDIT CARD CHARGE AUTHORIZATION FORM

I (we) hereby authorize Jena Jamison MD, LLC to make charges to my Credit Card listed below for services rendered, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Jena Jamison MD, LLC is notified by me (us) in writing to cancel it in such time as to afford Jena Jamison MD, LLC and Credit Card company a reasonable opportunity to act on it.

Payment is expected at the time services are rendered. I also have the option to pay for services rendered via cash or check, and my credit card will be charged if:

- a) It is my preferred method of payment
- b) I do not have cash or check available at the time of services rendered
- c) I am not physically present to provide other payment at the time services are rendered
- d) I attempt to pay with another credit or debit card and the charge is declined
- e) I have an unpaid balance
- f) Any other circumstances in which I owe money for services rendered

Name as it appears on card: \_\_\_\_\_

Billing address: Street & Apt #: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Please choose one:    Visa    Mastercard    American Express    Discover

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV code: \_\_\_\_\_

My signature below indicates I have read this authorization form and agree to its terms:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date