



Erik Morris PMHNP LLC

9900 SW Greenburg Rd.
Suite 205
Tigard, OR 97223

Phone: (503) 206-5578 | **Fax:** (503) 935-5884

E-mail: SamadhiPsychiatric@pm.me

Medical Assistant, Anneliese Alburas: This number is great for texting 503-446-9863

Credit Card Authorization Form

Erik Morris, PMHNP, LLC requires that all patients and families have a valid credit card on file.

Patients can use this card to verbally authorize recurring payments or to have on file to be used to pay charges when an invoice goes unpaid.

I authorize Erik Morris, PMHNP LLC to charge my credit card for professional services as follows.

Keep on file to charge when I verbally authorize payment or payment plan.

When I fail to make a payment on the date of service.

_____ I understand that the exact amount charged for all professional service fees will be based on my contract along with my insurance carrier.

_____ If Erik Morris, PMHNP LLC is unable to process my payment, I will be responsible for an alternate arrangement and any late fees which result.

_____ : Beginning date of Credit Card Authorization

_____ The use of this card will end when the patient provides written cancellation and all fees have been paid.

_____ I authorize this information to be kept on file.

Credit Card Type: Visa MasterCard Discover Amex Other _____

Card Number: _____ Expires: _____

Cardholder's Name: _____

Billing Zip Code: _____ SS Code: _____

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information is accurate, and I understand that I am legally obligated to enter into this credit card billing agreement.

Patient Name: _____ Date: _____

Authorized Signature: _____