

DR SEGALL TELEMEDICINE PATIENTS

If you are becoming a telemedicine patient, please fill the section below and return it to the office so that we may keep your credit card on file. The card will only be run when you have a tele-medicine appointment since you will not be in the office to pay your co-pay or coinsurance.

Should you have any questions, please feel free to contact Maria at 703-698-5220 ext 319.

Thank you in advance.

AUTHORIZATION TO PUT CREDIT CARD ON FILE FOR TELEMEDICINE APPOINTMENTS

I give Northern Virginia Psychiatric Group, PC authorization to put my credit card on file to run co-payments for telemedicine appointments. The number is listed below and this authorization will be valid until I give written notice to cancel authorization.

PATIENT NAME: _____ Date of Birth: _____

Print name on credit card _____

Credit Card #: _____ exp _____

3-digit code on back of card _____

Billing zip code: _____

Signature of Card Holder Date _____