NOVAPSY
NORTHERN
VIRGINIA
PSYCHIATRIC
GROUP, P.C.

**SERVING
THE
COMMUNITY
SINCE 1978**

## AUTHORIZATION TO PUT CREDIT CARD ON FILE FOR COPAYS OR REFILL REQUESTS

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

PATIENT NAME:_____

CHARGE CREDIT CARD FOR : REFILLS OR COPAYS (please circle one or both to authorize)

Print name on credit card_____

Credit Card #:_____exp_____

3-digit code on back of card _____

_____ Date_____
Signature of Card Holder

8500 Executive Park Avenue, Suite 200, Fairfax, Virginia 22031
703.698.5220 ♦ 703.573.2351 (fax)