

## **CREDIT CARD INFORMATION SHEET**

Baywell Psychiatry Group keeps credit cards securely on file for all patients. The information on this sheet will be entered directly into the password-protected secure credit card system and then shredded, in compliance with PCI cardholder protection standards.

If the information below changes, the patient will let Baywell Psychiatry Group know immediately.

Card Type (please circle)    Visa    MasterCard    Discover    FSA/HSA

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

Expiration \_\_\_\_ / \_\_\_\_      Security Code \_\_\_\_\_

Name (as it appears on the card): \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

\_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Patient Name: \_\_\_\_\_