

# Potomac Grove Psychiatry

**LOUIS E. KOPOLOW, M.D., D.F.A.P.A., Director**

8915 Shady Grove Court  
Gaithersburg, MD 20877-1302  
Telephone (301) 963-0060  
Fax (301) 897-7363

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ give **POTOMAC GROVE PSYCHIATRY**  
permission to charge  
(CIRCLE OR CHECK ONE)     **MASTER CARD**     **VISA CARD**  
for sessions/appointments with my provider.

**PATIENT NAME:** \_\_\_\_\_

**ACCOUNT NUMBER:** \_\_\_\_\_

**DESCRIPTION OF CHARGES** \_\_\_\_\_

**NAME ON CARD:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, & ZIP:** \_\_\_\_\_

**TELEPHONE NO: (h)** \_\_\_\_\_ **©** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION:** \_\_\_\_\_

**SECURITY CODE** \_\_\_\_\_ **BILLING ZIP CODE** \_\_\_\_\_

**By signing this you understand and authorize the amount for services rendered will be charged on your credit card. Please update credit card information with us upon credit card expiration, changes, etc.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**