



## Advanced Practice Mental Health and Wellness

Phone: 843-945-1452 Fax: 843-945-1489  
Email: info@apmhofsc.com

### Locations:

**Myrtle Beach**  
630 Chestnut Road  
Myrtle Beach, SC 29572

**Loris**  
3997 Meeting Street  
Loris, SC 29569

**Florence**  
2141 B Hoffmeyer Rd  
Florence, SC 29501

**Georgetown**  
1837 N Fraser Street  
Georgetown, SC 29440

## Payment Authorization Form

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

DOB: \_\_\_\_\_

Name on Card:

Card Number:

Card Expiration:

CVV security code:

Billing Zip code:

### Acknowledgment:

The practice may utilize my payment methods on file for any balances, including late cancellation and no-show fees, without additional authorization. Payments are due prior to appointments. This form is required for all telehealth appointments.

Signed By: \_\_\_\_\_

Signature: \_\_\_\_\_