

North Springs Psychiatry & TMS Center

7660 Goddard St, Suite 130 • Colorado Springs, CO 80920
Phone: (719) 639-2486 • Fax: (719) 375-1039 • www.northspringspsychiatry.com

About Our Forms

Our forms are fillable for your convenience! Please submit the forms using one of the options below.

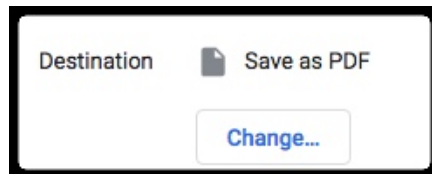
To submit the completed forms:

Option 1: On your computer

- a. Complete the forms by clicking into each field and filling in the information
- b. Email completed, unsigned forms to Admin@NorthSpringsPsychiatry.com . We will have them printed and ready to sign at your appointment.

- i. Click "Print" 

- ii. Change printer to "Save as PDF" and save to your desktop. Attach to email.



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- c. Or, print out the completed forms and bring them to your appointment.

Option 2: Print and complete by hand

- a. Print the forms
- b. Fill out the information by hand
- c. Sign forms and bring to your appointment

If you have any questions please reach out to our office.

We look forward to seeing you soon!

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CREDIT CARD AUTHORIZATION

Name on authorized credit card: _____

Credit card #: _____

Expiration date: _____ CCV _____

Billing address: _____

City: _____ State: _____ Zip: _____

I, the undersigned, authorize North Springs Psychiatry LLC to charge my credit card \$100 for a failed appointment which includes missing a scheduled appointment without notice or with less than 24-hour notice. Unpaid balances upon discharge from the practice will be charged to my credit card. I understand that declined charges may result in loss of scheduling privileges or discharge as a patient from the practice.

Signature: _____ Date: _____

Printed name: _____