

Please return this form directly to our Billing Service (not to our office) using any of these methods:

- 1) Send an email to info@gombs.org with a scanned (pdf) or photo image of the completed form attached,**
- 2) Send a Text Message with the completed form attached to MBS at 248-997-8641, or**
- 3) FAX the completed form to MBS at 248-997-8641. (The same number works for voice, text and FAX.)**

If you prefer, you're also welcome to provide the necessary information by speaking on the phone with Michelle or a member of her staff. They will be happy to assist you! Just call them at 248-997-8641.

SULLIVAN, NOLAN & ASSOCIATES, PC

8110 Jackson Rd., Suite D

Ann Arbor, MI 48103

Ph. (734) 426-0032

FAX (734) 426-0034

CREDIT/DEBIT CARD AUTHORIZATION

If you would like to give permission in advance for us to charge your credit, debit, or HSA card automatically for the costs of deductibles/copays as each session occurs, please provide the card information and sign below:

I authorize an automatic charge to my Debit/Credit Card for fees incurred at each session:

Type of Card:

Credit ___ Debit ___ HSA ___

Visa ___ Mastercard ___ Discover ___

Other _____ (We do not take American Express.)

NAME ON CARD: _____

CARD NUMBER _____

EXPIRATION DATE _____ **SECURITY CODE** _____

Signature: _____ **Date:** _____