TMS GREENWICH
TRANSCRANIAL MAGENTIC STIMULATION

399 East Putnam Ave.
Cos Cob, CT 06807
203.769.1365
JilliteseiTMS@gmail.com
TMSGreenwich.com

PAYMENT INFORMATION

Please check desired payment option:

___ I/We prefer to pay by credit card at the time of service and would like the credit card debited for each session

___ I/We prefer to pay by check or cash at the time of service and will keep a credit card on file, understanding it will only be debited if the account becomes past due.

Please provide credit card information for (patient name): _____

Type of credit card (please circle one) MASTERCARD VISA

Name as it appears on card:_____

Address of cardholder:_____

_____

Credit card number: _____

Expiration Date: _____

Signature of cardholder:_____

Date of signature:_____