

Credit Card Authorization Form

Please complete and return. If you are not using a credit card, please include a certified check or money order made out to IBH/DPHMP. Thank you.

Please provide the following information:

Name: _____

Address: _____

City & State: _____

Zip Code: _____

Phone: _____

If the name on the card is different from the above information:

Name as it appears on card: _____

Address: _____

City, State & Zip Code: _____

Phone: _____

Signature of Cardholder: _____ Date: _____

Type of Card (Visa, MC, AMEX, Discover, etc): _____

Credit Card Number: _____

Expiration Date: _____ Security Code (on back of credit card) _____

I, _____ authorize IBH to make recurring charges to the above listed credit card for the purpose of drug testing and any other fees associated with being a participant in the Delaware Professionals' Health Monitoring Program.

Signature of Licensee: _____

Date: _____

Please note if your credit card expires and you have not contacted us with an updated credit card number, you will receive the following message when you check in to see if a test is required:

Please contact the RBH Monitoring Program within 24 hours as you are not in compliance with your monitoring agreement. The phone number is 855-575-9350.