



HO-CHUNK NATION

DEPARTMENT OF HEALTH- PHARMACY DIVISION

*CDR Ted Hall, PharmD, BCPP, RPh; Ho-Chunk Nation Director of Pharmacy/Clinical Psychiatric Pharmacist Prescriber
 LT James Gabriel Buel, PharmD, RPh; Health Care Center Pharmacy Manager
 Amber Hanna, PharmD, RPh; House of Wellness Pharmacy Manager
 Hussain Harun, PharmD, RPh; House of Wellness Staff Pharmacist
 Laurie Ammerman, CPhT; House of Wellness Certified Pharmacy Technician
 Holly Dale, CPhT-II; Health Care Center Certified Pharmacy Technician Level II
 Nelle Decorah CPhT; Health Care Center Certified Pharmacy Technician
 Laurie Dionne, CPhT; House of Wellness Certified Pharmacy Technician
 Heather Marks, CPhT-II; House of Wellness Certified Pharmacy Technician Level II
 Sara Sugden, CPhT; Health Care Center Certified Pharmacy Technician
 Lisa Wollin, CPhT; Health Care Center Certified Pharmacy Technician*

Credit Card Authorization Form

Please completely fill out the credit card authorization form and mail, fax, or drop off at either pharmacy location. Payment is for co-pays, co-insurance, non-covered services, and deductibles that are due at the time of dispensing medications.

All information will remain confidential.

Patient Name: _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (optional – if we have questions for you): _____

Email: (optional – if you want a receipt emailed to you) _____

Credit Card Type: () Visa () MasterCard () Discover () AmEx

Credit Card Number: _____ Exp. Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

_____ One Time Use (Amount to Charge: \$ _____)
 -OR-
 _____ Permanent File (Recurring Charges)

Cardholder- Print Name, Sign and Date below:

Signed: _____ Date: _____

Print Name: _____

I authorize Ho-Chunk Nation Department of Health to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. If you wish to remove your credit card information from our system, please notify us immediately.

*Wanaisguni Hocira- House of Wellness
 S-2845 White Eagle Rd.
 Baraboo, WI 53913
 355-1240 ext. 5521
 Fax (608) 356-1233*

*Ho-Chunk Health Care Center
 N6520 Guy Road
 Black River Falls, WI 54615 Phone (608)
 Phone (715) 284-9851 ext. 5312
 Fax (715) 284-2293*