

OPHP Payment Authorization and Registration Form

3000 E. Memorial Rd, Edmond, Oklahoma 73013

Participant Information: Registration will not be processed unless all information requested is provided.

First Name

MI

Last Name

Mobile Number

 - -

Phone Number

 - -

Date of Birth

 - -

Sex

M F

Address

City

State

Zip Code

Authorized E-Mail Address

I certify that the information above is true and correct to the best of my knowledge and give permission for OPHP and/or its agent(s) to contact me by means provided above. I understand the receipt of information and correctness of drug testing and other compliance data obtained from third parties provided to OPHP is not the responsibility of OPHP and/or its agent(s).

Participant Signature

Date

Credit Card Information: If you do not complete the billing section below, you must call OPHP to make payment arrangements.

Name of cardholder **EXACTLY** as it appears on the card

Card Type

MasterCard

VISA

Card Number

Expiration Date

 /

Three digit Security Code on back of card

I authorize OPHP to charge general toxicology compliance fees and OPHP monthly participation fees to the account indicated above. The combined monthly fees will be invoiced as needed for the participant to comply with OPHP compliance requirements as described in the Recovery Monitoring Agreement.

Cardholder's Signature

Date