



Neil Singer, MD, PLLC
Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Patient Information

Patient name:

Phone:

Payment Information (To be completed by merchant)

I authorize Neil Singer, MD, PLLC to automatically bill the card listed below as specified:

Amount: Frequency:

_____ \$575 Quarterly

_____ \$1,150.00 Semi-Annually

_____ \$2,300.00 Annually

Start billing on: ____/____/____ End billing when: Patient provides written cancellation

Credit Card Information (To be completed by patient)

Neil Singer, MD, PLLC accepts the following credit cards: Visa, MasterCard, Discover Card, and American Express.

Credit card type:

Credit card number:

Expires:

CVV

____/____/____

Cardholder's name:

Cardholder's Address and Zip (required):

(as shown on credit card)

(credit card billing address)

Patient's signature:

Date:

Please complete this form and either drop it off at the office, send by fax (204-4917), or mail back to us.