Andrew Lustbader, MD David A. Sasso, MD Alexander Westphal, MD, PhD Karen Siegel, MD Stephanie Ehrman, PhD Sarah Gersick, PhD Jessica Rak, APRN Hope Lamberson, APRN Danielle Knox, LCSW Lisa Lochner, LCSW Elizabeth Perry, LCSW Lynn Rider, LCSW Robert Tremonte, LPC

## Please check one payment option:

....

. .

- □ I/We elect to pay by credit card at the time of service and would like the credit card debited for each session.
- □ I/We elect to pay by check or cash at the time of service and would like my credit card kept on file and debited only if my account becomes past due.

Please provide credit card information for:				
Name of Patient(s)				
Type of Credit Card (circle one)	: MASTERCARD	VISA	AMERICAN EXPRES	SS
PLEASE NOTE: If card is a hea	alth savings debit ca	ard, please p	provide back-up payment	information.
Name as it appears on card:				
Address of card holder:				
Credit card number:				
Expiration date:	/ onth year			
Signature of card holder:				
Date of signature:	//			