

Financial Agreement

This form authorizes Michael O. Tanzer, MD, 65 Broadway, Suite 739, New York, NY 10006 to bill my credit card for office visits. It is understood that I will also be billed for missed appointments that have not been canceled 48 prior to a scheduled session or in the event of non-payment of a bill or past due balances.

Patient's Name:

Name on Credit Card:

Credit Card (Amex, MasterCard or Visa):

Card Number:

Expiration Date:

CVV Number (3 or 4 digits):

Patient's Address:

Signature:

Date:

The logo consists of the letters 'M', 'O', and 'T' in a large, outlined, serif font. The letter 'O' is significantly larger than the 'M' and 'T', and is positioned between them. The letters are light purple in color.