CALABASAS PEDIATRICS
by Dr Tanya

23480 Park Sorrento | Suite 109A
Calabasas | CA 91302
Tel: 818-914-4429
Fax: 844-882-5036

Authorization for charges

Please charge the following credit card:

[ ] AMEX [ ] DISCOVER [ ] MASTERCARD [ ] VISA

Card holder's name:_____

Card Expiration date:_____/_____/_____

Card Number:_____

Security Code:_____

Annual Fee:

[ ] Recurring monthly charge for ___ months at $_____ per month

[ ] One-time payment of $_____

Signature of cardholder:_____ Date:_____

Billing address of cardholder:

_____

_____

_____

Calabasas Pediatrics also accepts cash or checks.

[ ] I authorize Calabasas Pediatrics to keep this information on file and to charge my account for office and home visits, annual membership fee as indicated above, as well as authorize charges for any unpaid fees not paid at time of service.