

Jeffrey S. Sider, M.D.
Mid Island Orthopedics & Sports Medicine
812 Woodbury Rd.
Woodbury, NY 11797

Signature on File Authorization Form
(Credit Card Account)

Please check one: _____ Visa _____ Mastercard _____ Discover

Credit card number: _____

Billing Address for Credit Card: _____

Company Name if Corporate Card: _____

Customer Service Phone # on back of Credit Card (Mandatory) () _____

The following must be completed by the cardholder for the credit card indicted above and signed by the authorized user only.

I, _____, authorized Jeffrey S. Sider, M.D. and Mid Island Orthopedics & Sports Medicine to process the above credit card as "signature on file" for any or all charges associated with my visits to the practice and not covered by medical insurance. The undersigned hereby acknowledges and agrees that Jeffrey S. Sider, M.D. and Mid Island Orthopedics & Sports medicine is relying on the within application in extending medical services and treatment to this patient. Additionally, the undersigned hereby authorizes the credit card company to permit this application to serve as my authorization to charge the above credit card in lieu of signing individual charge records.

Cardholder's name: (Please Print) _____

Signature: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____