

OSIKA & SCARANO PSYCHOLOGICAL SERVICES, P.C.

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**EASY
VISA PAYMENT MASTERCARD
FORM**

KEEP A CREDIT/DEBIT CARD ON FILE

To maximize the efficiency of the office, we use **QuickBooks Online** to process your co-payments. Visit www.intuit.com and click on the "security center" tab at the top to read about all the different safeguards utilized by QuickBooks Online.

File out this form once and verbally authorize future copays.

Patient Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ -- _____ Alt. Phone: (____) _____ -- _____

Amount to Charge: \$_____ Select One: ____ VISA ____ MASTERCARD

Name on Card _____

Credit Care Number _____

Expiration Date: _____ Security Code _____

With the signature below, the above named cardholder hereby gives **Osika & Scarano Psychological Services, P.C.** permission to charge the above credit card the co-payments.

Signature

Date