

Southern Westchester Orthopedics & Sports Medicine Associates
970 North Broadway – Suite 204
Yonkers, NY 10701
Tel: (914) 476-4343
Fax: (914) 963-6426

Charles W. Edelson, M.D.
David E. Lent, M.D.
Eric M. Spencer, M.D.
James Joseph, M.D.

Credit Card Authorization Release Form

Patient Name: _____ Account #: _____

Credit Card Information

Choose One of the Following:

VISA Mastercard American Express Discover

Credit Card Number: _____

Expiration Date: _____ CCV/Security Code: _____

Billing Information

Cardholder's Name: _____

Cardholder's Billing Address: _____

City _____ State _____ Zip Code _____

Cardholder's Phone Number: _____

I, _____, authorize Southern Westchester
Orthopedics & Sports Medicine Associates to charge the above credit card for
services rendered in the amount of \$ _____.

Signature: _____ Date: _____

For Office Use Only:

Received By: _____