

NEWYORK-PRESBYTERIAN HOSPITAL INTERNATIONAL SERVICES

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CREDIT CARD AUTHORIZATION CHARGE FORM

I, _____, hereby authorize The NewYork-Presbyterian Hospital and/or the Physicians of Columbia and Weill Cornell to charge my credit card, as indicated below, for the estimated amount of \$ _____ (see attached Estimate of Charges) for all charges of _____, account number

CPI/MR

Patient's Name

I understand that the amount being charged is an estimate only and that the final bill may vary from the estimate, depending upon actual charges. If actual charges exceed the estimate, I further authorize The NewYork-Presbyterian Hospital and the physicians of Columbia and Weill Cornell to charge my credit card, as indicated below, for the remaining balance. If the estimate exceeds the actual charges, I request that any overpayment be promptly credited to my credit card, as indicated below.

Cardholder Signature

Name as it appears on Card

Billing Address

Phone Number

Credit Card Number

Exp. Date

Please complete and attach a legible copy of the front and back of the credit card indicated above. If cardholder is paying for more than one patient, please initial here _____, and include the list of names with this form and fax it to the appropriate site (see fax numbers above). Thank you.