

Amy Boyers, Ph.D.
7325 SW 63rd Ave.
Suite 101
South Miami, FL 33143
786-235-9000

CREDIT CARD AUTHORIZATION
Please fax this form to 305-667-9880

Patient Name: _____

Name of payor or Name on credit card: _____

Billing address: _____

Telephone number: _____

Credit Card number: _____

Expiration Date: _____

Security Code: _____

I authorize Dr. Amy Boyers to bill my credit card for services provided. I have read, understand, and do Agree to the Cancellation Terms and Billing Practices described in the Cancellation Policy and Informed Consent Form.

Signature

Date