Laura Rocker, M.D.
Child, Adolescent, and Adult Psychiatry

19910 Malvern Road
Shaker Heights, OH 44122
Phone: 216-765-3220
Fax: 844-364-1293

Credit Card Authorization

I authorize Laura Rocker, M.D., to place my credit card information on file for the purposes of payment. I also authorize Laura Rocker, M.D., to charge the card automatically after each service is provided, including no-show appointments, as indicated in the signed treatment agreement.

CARDHOLDER INFORMATION

PATIENT'S NAME:_____

CARDHOLDER NAME:_____

ADDRESS:_____

CARD INFORMATION

___VISA ___MASTERCARD ___DISCOVER ___AMERICAN EXPRESS

CARD NUMBER:_____

SECURITY CODE:_____

EXPIRATION DATE:_____

_____ _____

CARDHOLDER'S AUTHORIZED SIGNATURE DATE