



THE ARIZONA SCHWARTZ GROUP, PC

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CREDIT CARD ON FILE AGREEMENT

As an authorized signer on the credit card listed below, I give Dr. Marc Schwartz, DO and The Arizona Schwartz Group permission to utilize the credit card for all charges related to and including services rendered by Dr. Marc Schwartz, DO and the Arizona Schwartz Group

Credit Card Number:

Expiration Date:

Security Code or CID #:

Billing Zip Code:

Name on Card:

Name of Patient:

Phone Number:

Signature

Date

For Secure Video Sessions, please provide your preferred email address we can send the link to to Doxy.me, which is the secure server we use

Email:

For Phone Sessions, please provide your preferred phone number for Dr. Schwartz to call for the appointment session

Phone: