



30 Central Park South, New York, NY 10019
(212) 888-7074 fax (212) 888-7828
Ronald V. Livesey, MD Joseph M. Raffaele, MD

NOTE: A valid credit card is required to hold your appointment.

Credit Card Authorization Initial Consultation Fee

I, _____, authorize PhysioAge Medical Group to charge my
(Patient Name)

MasterCard VISA AMEX Discover

For the amount of my initial consultation after my consultation is completed. I understand that if I am not able to keep this appointment I must notify PhysioAge Medical Group by phone at least three (3) business days in advance or my card will be charged a non-refundable penalty equal to 50% of the cost of the consultation fee.

X

Card holder signature Date

Name on Card (exactly as it appears)

Credit card number Exp. Date Security Code

Billing Address

**PLEASE MAIL OR FAX THIS FORM TO (212)888-7828
WITHIN THREE (3) BUSINESS DAYS IN ORDER TO KEEP YOUR APPOINTMENT.**