Tel. 914-471-1501 378 Route 202

email: [mary.procidanophd@gmail.com](mailto:mary.prcidanophd@gmail.com) Somers, NY 10589

**Mary E. Procidano**, Ph.D., ABPP

**Credit Card Information**

If you wish to pay by credit card, please provide your credit card information here

**Note**: Your card will be charged only after services have been rendered and (if applicable) your insurance claim has been submitted electronically, or after an appointment has been missed or cancelled without sufficient notice (as per terms of cancellation policy). You will be provided with a receipt for each credit-card transaction. As a safeguard to your credit card information, this form will be scanned into a secure electronic file as mandated by HIPPA regulations, and then shredded. Dr. Procidano will be the only person with access to your credit card information and to the credit card information.

Print Name as on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Will enable me to email you receipts of credit card transactions)

Type of Card (circle one):

Visa MasterCard Discover American Express

Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CVV# \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Please Note**: Your signature signifies your authorization to bill your card for services provided)