

Auerbach Pediatrics, LLC
Richard Auerbach, MD
Marina Arena, MD
Gina Reitmeyer, APRN, IBCLC
www.auerkids.com
mail@auerkids.com

25 Church Hill Road
Suite 102
Newtown, CT 06470

Tel. (203) 426-KIDS
(203) 426-5437
Fax (203) 426-2100

Credit Card Authorization Form

Parents' Names: _____
Children's Names: _____

Name on Card: _____
Credit card: _____
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I, _____ authorize Auerbach Pediatrics, LLC to store and subsequently charge my credit card for any fees or costs pertaining to today's visit, as determined by my insurance company. I understand that my credit card information will be securely filed for future transactions.

Signature

Date