

Larry Gruenwald, M.D., F.A.A.P.
Ann Marie Comandatore, M.D., F.A.A.P.
Mara Sterio, M.D., Ph.D., F.A.A.P.
Yael Miller, M.D., F.A.A.P.
Andrea Alexander, M.D., F.A.A.P.
Jacquelyn Detweiler, D.O., F.A.A.P.
90 Millburn Avenue
Millburn, NJ 07041
Billing Telephone: (973) 378-2230
Billing Fax: (973) 378-7993

PATIENT EASY PAY CONSENT

I authorize the office of Larry Gruenwald, M.D. and Ann Marie Comandatore, M.D. to keep my signature on file and charge my:

Visa# _____ exp. date _____ 3 digit code on back of card _____

Amex# _____ exp. date _____ 4 digit code on front of card _____

MC# _____ exp. date _____ 3 digit code on back of card _____

For all visits until the Expiration Date of card, not to exceed \$_____ per month

Patient's Name: _____

Date of Birth: ____/____/____
____/____/____
____/____/____

Cardholder's Name(print): _____

Relationship to Patient(print): _____

Cardholder's Signature: _____

Date: _____

Please be advised that this form is valid until we receive written cancellation.