

**Louisa J. Steinberg, M.D., Ph.D.**

53 West 86th St  
New York, NY 10024  
Phone: (929) 367-8828

**Payment Method**

Name of Patient: \_\_\_\_\_

\_\_\_\_\_ I prefer to pay by check for my sessions

\_\_\_\_\_ I prefer to pay by cash for my sessions

\_\_\_\_\_ I prefer to pay by credit card for my sessions (additional 3% convenience charge)

I am granting permission for Louisa J. Steinberg, M.D., Ph.D. to bill my credit card in case of missed appointments.

Name on Credit Card: \_\_\_\_\_

American Express    Discover    Mastercard    Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV Number (3 or 4 digits): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_