Mind Over Matter Psychiatry
Roxanne Singer-Gheorghiu, DNP
P:(646)-397-6063

Credit Card Information

Client Name:

Address: State:

City: Zip:

Phone Number:

Credit Card Number	
Expiration Date (XX/XX)	
Security Code (XXX)	
Zip Code	
Name On Card	

Mind Over Matter Psychiatry will keep this information private. This card will not be used without prior authorization from the above client. Mind Over Matter requires payment at the time of service. If the client fails to show or does not give adequate notice, this card will be charged for the full visit amount. I have read and fully understand these terms and agree to them.

Patient/Client Signature:

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Guardian/Responsible Party Signature:

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