

**Richard R Hill MD PhD
29425 Chagrin Boulevard
Suite 301
Pepper Pike, Ohio 44122
(216) 292-0610**

As per treatment agreement, a credit card on file will be needed to render services. I authorize RICHARD R HILL MD PhD to charge the credit card automatically after each service is provided (including no-show appointments) as indicated in the signed treatment agreement.

CARDHOLDER INFORMATION

Name of Patient: _____

Cardholder Name: _____

Address: _____

CARD INFORMATION

Credit Card: _____ — _____ — _____ — _____

Security Code: _____

Expiration : _____ / _____

___ Am Ex ___ MC ___ Visa ___ Health Savings Card ___ Debit / Other

Cardholders Authorized Signature

Date