

**Raymond Raad, MD MPH**

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**Payment Method**

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

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

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\_\_\_\_\_ I prefer to pay by credit card for my sessions

If you would like to pay by credit card, please bring it with you to your session, or fill out the information below and your card will be charged automatically at time of the session or at the end of the month, depending on your billing plan.

I am granting permission for Raymond Raad, MD MPH to bill my credit card as per the above parameters.

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: \_\_\_\_\_