



David Sasso, MD, MPH
Christopher Oleskey, MD, MPH
Anastasia Okoniewski, APRN, DNP
Lisa Lochner, LCSW
Esther Duncan, LCSW

- Billing Information -

Please check desired payment option.

- I/we prefer to pay by credit card at the time of service and would like the credit card debited for each session.
- I/we prefer to pay by check or cash at the time of service and will keep my credit card on file. I understand that it will only be debited if my account becomes past due.

Patient name: _____

Type of credit card (please circle one): MASTERCARD VISA AMERICAN EXPRESS
PLEASE NOTE: IF CARD IS A HEALTH SAVINGS DEBIT CARD, PLEASE
PROVIDE BACK-UP PAYMENT INFORMATION.

Name as it appears on card: _____

Address of card holder:

Credit card number: _____

Expiration Date: ____/____

Signature of card holder: _____

Date of signature: ____/____/____