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Plastic & Reconstructive Surgery

Aesthetic, Craniofacial & Oculoplas

For your added convenience, our office will now be accepting credit card payments by phone. Please note for your security and protection we will require a signed authorization form. Due to increased credit card transaction fees we are forced to charge a processing fee of 5% of the dollar volume (charged amount), for cards not present.

Charge Authorization

I, _____ authorize the office of Dr. Henry M. Spinelli or Dana Care to charge
Print Name

my credit card the amount of: _____, for services to be rendered on _____

Date: _____

Type of Card: VS MC

Credit Card # _____

Expiration Date: _____ Security #: _____

Billing Address: _____

SIGNATURE

Name if other than Patient (please print)

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