



Silver Psychiatric Services, PC
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NPI #: 1568434801

Credit Card Authorization Form

Patient Name (s): _____

Cardholder Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Credit Card Information

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Date: _____

Security Code: _____

I, _____ authorize Silver Psychiatric Services to charge my credit card above for agreed upon services (including appointments cancelled less than 24 business day hours in advance and missed appointments). I understand that my information will be saved to file for future transactions on my account.

Cardholder Signature: _____ Date: _____