Jeffrey Becker, MD, Inc.
Integrative Adult Psychiatry & Psychotherapy
Phone 310 463-4699
Fax 888 897-9411

10850 Wilshire Blvd., Suite 850
Los Angeles, CA 90024
1614 State Street
Santa Barbara, CA 93101

Credit Card Payment Authorization Form

If you wish to have your credit card on file for payment of future appointments, please indicate your credit card information below and sign where indicated. Our office accepts VISA or MASTERCARD.

I agree to have my credit card charged for medical appointments for the following patient.
I understand that I will be charged for appointments cancelled with less than 48 hours notice.

Patient Name: _____

Name on Card: _____

Address (associated with card): _____

_____

Credit Card Number: _____

Circle One: MC Visa Exp. Date: _____ CSC (3 digits on back): _____

Signature: _____

Printed Name:_____

Date:_____