



Thomas Susko M.D., Inc.  
 2021 Santa Monica Blvd #200e  
 Santa Monica, CA 90404  
 Phone: (310) 829-5557  
 Fax: (310) 829-5554

*Good Medicine Takes Time*

**CREDIT CARD PRE-AUTHORIZATION**

I authorize the office of Thomas Susko, M.D., Inc. to keep my signature on file and to charge the credit card selected below for the following:

- Balance remaining after claims(s) is (are) resolved not to exceed \$\_\_\_\_\_ for:**
  - This consultation only
  - All consultations this calendar year
  - All consultations from Start Date: \_\_\_\_\_ to End Date: \_\_\_\_\_
- Recurring charges of \$\_\_\_\_\_ to be charged every \_\_\_\_\_ days/weeks/months**
  - From Start Date: \_\_\_\_\_ to End Date: \_\_\_\_\_
- No-Show Fee for not cancelling within 24 hours prior to your scheduled appointment:**
  - New Patient Visit \$100.00
  - Follow Up Visit \$50.00
- Charges for the following family members:**

\_\_\_\_\_

Patient's Name	Relationship
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**Check one:**  Visa®  Mastercard®

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

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_