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If you email us this form at creditcardpayments@eyedoctornycnow.com or fax it to 212-259-5798, our billing office will process your credit card payment.

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Patient Account # (if known):____

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Credit Card Type: Visa ___ MasterCard ____ Discover____ American Express ___

Credit Card Number: ____

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Visa, MasterCard, Discover
The last 3-digits printed on the back of the card are the security code.

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The 4-digits security code is printed on the front of the card.

Amount you authorize us to bill on your credit card: ____________________

Phone number or email address where we can reach you if there are any questions:

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Signature authorizing payment

Thanks for your payment.