W67N222 Evergreen Blvd., Suite 209, Cedarburg, WI 53012
207 E. Buffalo St., Suite 510, Milwaukee, WI 53202
2363 S. 102nd St., Suite 302, West Allis, WI 53227
1615 Barton Ave., West Bend, WI 53090
Office Phone: 262-375-1116 / Office Fax: 262-357-1071
Office Email: info@northshoreclinics.com

Credit Card Authorization

Client's name: _____

Date of Birth: _____

Name (as it appears on the card): _____

Card Number: _____

Card expiration date: _____ Security Code: _____

Billing address associated with the card: _____

_____

_____

I authorize Northshore Clinics LLC to charge my card for any balances including copays, deductibles, coinsurances and for any sessions that are not covered by insurance.

_____

(Cardholder's Signature) **(Date)**