The Source for New Beginnings
RMA
Reproductive Medicine Associates of New Jersey

IVIRMA Global

Credit Card Authorization Form

Patient Name: _____

Name as it appears on card: _____

Billing Address: _____

_____

Phone #: _____

Payment Information

Accepted payment Methods:

16 Digit Card Number: _____

Expiration Date (MM/YYYY): _____

3 Digit Security Code: _____
(On the back of the card in signature box)

4 Digit Amex Security Code: _____
(Last four digits on front of the card above ID)

I, _____, hereby authorize RMA of NJ, LLC to charge the above credit card in the amount of $ _____. I understand that by signing below I am responsible for payment of the described charges in accordance with the terms of the issuing credit card company.

Signature: _____ Date: _____
(Authorized Credit Card Holder)

Signature: _____ Date: _____
Patient

APPENDIX 1

Please note any prices quoted in this packet are subject to change