

RALUCA RADULESCU, M.D., LLC
140 Rt 17 N, Paramus, NJ, 07652
Phone: 201 445 1990 Fax: 201 445 1992

I authorize the office of Raluca Radulescu, MD, LLC to keep my signature on file and to charge my account for:

All balances not paid by insurance or other third-party payers after 60 days.

Recurring charges (ongoing treatment) as per amounts stated in the signed Financial Contract for services with this office.

I assign my insurance benefits to the provider listed above. I understand that this form is valid for one year unless I cancel the authorization through written notice to this office.

Patient's name: _____

Cardholder's name: _____

Cardholder's billing address: _____

City: _____ State: ____ Zip: _____

Charge card number: _____

Expiration date: _____

CVV (code on back of the card) _____

Cardholder's signature: _____ Date: ____/____/____