



Apple Pediatrics

Healthcare for Busy Professionals and Their Families
157 East 72nd Street
New York, NY 10021
Phone: (888) 603-0993
Fax: (212) 624 0220
www.mybodhi.com

Bodhi Medical Care, LLC

Healthcare for Busy Professionals and Their Families
330 West 58th Street, Suite 414
New York, NY 10019
Phone: (212) 624 0220
Fax: (212) 624 0220
www.mybodhi.com

Credit Card Authorization for the Responsible Party Not Personally Attending Medical Services of their Dependent(s)
(MUST BE SUBMITTED BEFORE THE CHILD’S VISIT)

I hereby state that I cannot personally attend my child’s medical services and while I am responsible for the payments for my child’s medical care I hereby provide credit card authorization to pay for any medical services not covered by the health insurance. Such payments may include copayment, deductible and any outstanding balances or fees for any non-covered medical services provided to my child / children rendered by Apple Pediatrics / Bodhi Medical Care, LLC to my dependent(s) as per the initial consent signed by either of the parents/responsible party pertinent to treatments and responsibilities at the onset of care at Apple Pediatrics.

Thus I hereby consent in writing to authorize payments for medical services provided to my child / Children:

Name(s) _____ DOB: _____

Name(s) _____ DOB: _____

Name(s) _____ DOB: _____

This consent is valid for a period of 180 days. I hereby acknowledge that I have been informed that this form has to be renewed every 180 days and it is my responsibility to submit the renewal of this consent to Apple Pediatrics. Furthermore, I hereby acknowledge that the failure to provide timely payments or renewal of this consent may lead to unnecessary delays in my child’s care including possible dismissal of my child’s care from Apple Pediatrics.

My Last Name: _____ First Name: _____

Address: street: _____ City _____ State: _____ Zip: _____

My Credit card: Visa Master Card American Express

CC number: _____ expiration date: _____

Signature: _____ Date: _____

Please note: fax the original to: (212) 813 3226 and mail the original to: Apple Pediatrics
157 East 72nd Street
New York, NY 10021