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**Credit Card Authorization Form**

**Patient Name:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**Type of Credit Card:** American Express / Visa / MasterCard / CareCredit

**Account #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**Verification #:** \_\_\_\_\_

For American Express the verification number can be found on the front of your card, right above your account number on the right hand side.

For Visa/Mastercard the verification number can be found on the back of the card right above your signature. You need to only list the last 3 digits of this number.

**Financing Option (CareCredit Only):** \_\_\_\_\_

**Amount Authorized \$** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Cardholder**

\_\_\_\_\_  
**Cardholder Name (Please Print)**

\_\_\_\_\_  
**Date**