



New York House Call Physicians™

YOUR DOCTOR IN THE FAMILY

dba DOCTOR IN THE FAMILY or NATAN SCHLEIDER MD PLLC or
NYC Psychiatry and General Practice Physicians.

Updated February 7th, 2021

CREDIT CARD INFORMATION

Patient Name: _____

CARD HOLDER INFORMATION:

Name of Card Holder (exactly as it appears on credit card):

First Name: _____

Middle Initial or Name (if applicable): _____

Last Name: _____

Billing Address: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Email: _____

Telephone Number: _____

Type of Credit Card (Please check box): VISA MASTERCARD DISCOVER AMEX

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card Verification Number: _____

[Note: "NOTE NY HOUSECALL OR DOCTOR IN THE FAMILY OR NATAN SCHLEIDER MD MAY
APPEAR ON YOU CREDIT CARD STATEMENT].

I authorize New York House Call Physicians (dba DOCTOR IN THE FAMILY
or NATAN SCHLEIDER MD PLLC to charge my credit OR debit card today & for
medical care in the future AS INDICATED BY THE SIGNATURE BELOW.

Card Holder's Signature: _____

Today's Date: _____

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