



Atlanta Women's Medical Center

235 West Wieuca Road

Atlanta, Georgia 30342

404-257-0057

(Fax) 404-257-1245

www.atlantawomensmedicalcenter.com

Fax the following information:

- 1) Front of Driver's License or other Valid State/Federal Issued ID
- 2) Front AND back of credit card
- 3) A note stating the following:

Date _____

I, _____, authorize

_____ to use my credit card that ends in the four numbers,

____ __ __ __, I understand and agree that my card will be charged by Atlanta Women's

Medical Center up to the amount of _____ for services rendered.

Signed,

Printed Name:

- The Drivers License (or other Valid Picture ID) must have the EXACT SAME NAME that is on the credit card.
- Signature on credit card must match the signature on the ID.

All cards and ID's must be received in legible format and able to be clearly read.

Fax to: Atlanta Women's Medical Center at 404-257-1245