



# Hartford GYN Center

1 Main St., Suite N1 ♦ Hartford, Ct 06106

(860) 525-1900 ♦ (800) 877-6335

Fax: (860) 522-9913

Please bring the following information with you to your appointment:

- 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 Hartford GYN 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.